



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000001784 1. Entity Name B & S PAINTING AND DECORATING LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 NOV 12 PM 2:22	
Principal Place of Business 910 CASEY DRIVE TALLAHASSEE, FL 32305				Mailing Address 910 CASEY DRIVE TALLAHASSEE, FL 32305			
2. Principal Place of Business - No P.O. Box # 10093 Springsink Rd		3. Mailing Address PO Box 5932					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 13-4351828		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32305		Country LEON		Zip 32314		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				11052008 REIN-LLC CR2E101 (1/07)			
6. Name and Address of Current Registered Agent RAINEY, KAREN 910 CASEY DRIVE TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Leon Richards Street Address (P.O. Box Number is Not Acceptable) 1314 Lehigh Drive City Tallahassee FL Zip Code 32301			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>[Signature]</i>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR RAINY, KAREN 910 CASEY DRIVE TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRm Leon Richards 1314 Lehigh Drive Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM RAINY, DAVID 910 CASEY DRIVE TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRm Rainey, David 10093 Springsink Rd Tallahassee FL 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500137739375 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/07/08--01029--006 **138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <i>[Signature]</i>				REINSTATEMENT 2008 11-05-08 (850) 510-8887			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			