


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000041618			
1. Limited Liability Company's Name RDS PAINTING LLC			
2. Principal Office Address - No P.O. Box # 900 NW 44 AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address SAME <small>Suite, Apt. #, etc.</small>	
City & State MIAMI, FL		City & State	
Zip 33126	Country USA	Zip	Country
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 04/19/2007	
6. FEI Number 20-8871017		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name RICHARD E. DA SILVA			
Street Address (P.O. Box Number is Not Acceptable) 900 NW 44 AVENUE			
Suite, Apt. #, Etc.			
City MIAMI, FL		State FL	Zip Code 33126
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date 12-15-2008	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RICHARD E. DA SILVA	900 NW 44 AVENUE	MIAMI, FL 33126
			500139838825
			01/01/09--01005--004 **138.75
			500139838825
			REINSTATEMENT 2008
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager		Date 12-16-058	Daytime Phone # 786-587-8487
Typed or printed name of signing Managing Member/Manager		RICHARD E. DA SILVA	