

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000061421

FILED
Jan 16, 2009
Secretary of State

Entity Name: DYNAMIC PAINTING SYSTEMS LLC

Current Principal Place of Business:

852 MARLEY DR
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

852 MARLEY DR
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 26-0365253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITMER, JEFFREY J SR
852 MARLEY DR
PORT ORANGE, FL 32128 US

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.

SIGNATURE: JEFFREY WHITMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITMER, JEFFREY J SR
Address: 852 MARLEY DR
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM () Delete
Name: SLADE, ROGER A
Address: 2401 POPE AVE
City-St-Zip: S DAYTONA, FL 32128 US

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: WHITMER, JEFFREY J SR
Address: 852 MARLEY DR
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MS (X) Change () Addition
Name: WICK, DAWN L
Address: 852 MARLEY DR
City-St-Zip: PORT ORANGE, FL 32128 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY WHITMER

MR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date