2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L07000071529

1. Entity Name
PILO PAINTING LLC.

FILED

08 OCT 27 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2711 S ORLANDO DRIVE SANFORD, FL 32773	302 WILSHIRE DRIVE CASALBERRY, FL 32707

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

10242008   REIN-LLC   CR2E101 (1/07)

4. FEI Number 42-1733381	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZAMARRON, HECTOR 2711 S ORLANDO DRIVE SANFORD, FL 32773	Name ZAMARRON, HECTOR Street Address (P.O. Box Number is Not Acceptable) 302 Wilshire Dr. City Casselberry FL Zip Code 32707

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.

SIGNATURE _Hector Zamarron_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 10-24-08

FILE NOW!!! FEE IS $238.75 After January 1, 2009, Fee will be $377.50		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAMARRON, HECTOR	NAME	300137326267
STREET ADDRESS	2711 S ORLANDO DRIVE	STREET ADDRESS	10/27/08--01055--024 **238.75
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS	REINSTATEMENT	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	08 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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: _Hector Zamarron_   10/24/08   321-299-7769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #