

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
FILED

13 SEP 30 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # L07000090669 1. Entity Name GILBERT PAINTING LLC	
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Principal Place of Business 424 MERCURY DRIVE TALLAHASSEE, FL 32305	Mailing Address 424 MERCURY DRIVE TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 80-0703960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent WILLIAMS, GILBERT B 424 MERCURY DRIVE TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____	FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GILBERT B SR.			NAME			
STREET ADDRESS	424 MERCURY DRIVE			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32305			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	500252172455	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GILBERT B JR.			NAME	09/30/13--01004--009 **238.75		
STREET ADDRESS	424 MERCURY DRIVE			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32305			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CHARMAN R			NAME			
STREET ADDRESS	424 MERCURY DR.			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32305			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	SEP 30 2013	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	S. PRATHER		
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: <u>Gilbert Williams</u>	E-MAIL ADDRESS _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE</small>	