

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 PM 3: 27

DOCUMENT #

1. Limited Liability Company's Name

Painter's Hands, LLC

REINSTATEMENT 08-09 \$6M

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

~~458~~ Murray Street 548

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip
32205

Country
USA

3. Mailing Office Address

~~458~~ Murray Street 548

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip
32205

Country
USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida 12-10-2007

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Charles T. McCoy

Street Address (P.O. Box Number is Not Acceptable)

~~458~~ Murray Street 548 Murray St

Suite, Apt. #, etc.

"NOT: incorrect address numb."

City

Jacksonville

State
FL

Zip Code
32205

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Charles T. McCoy

REGISTERED AGENT MUST SIGN

Date

5/29/09

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	Charles T. McCoy	458 Murray Street 548	Jacksonville, FL 32205

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05/05/09--01037--031 **277.50

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

Charles T. McCoy

Date

5/29/09

Daytime Phone #

904-305-8334

Typed or printed name of signing Managing Member/Manager

CHARLES T MCCOY