

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 16 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700176133687
04/16/10--01005--013 **277.50

CR2E041 (11/09)

DOCUMENT # LO8000013186

1. Limited Liability Company's Name

Padgett's Framing & Painting LLC

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

East Point, FL

East Point, FL

Zip Country

Zip Country

32328

Florida

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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
Reo Padgett

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

171 Mallard Dr.

Suite, Apt. #, Etc.

City
East Point

State
FL

Zip Code
32328

☒ 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

Reo Padgett

Date 4-16-10

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
<u>MEM</u>	<u>Reo Padgett</u>	<u>171 Mallard Dr.</u>	<u>East Point, FL 32328</u>

REINSTATEMENT 2009-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Reo Padgett

Date 4-16-10

Daytime Phone # 950-348-7297

Typed or printed name of signing Managing Member/Manager