

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 DEC 31 PM 3:11

DOCUMENT # L08000014200

1. Limited Liability Company's Name

GLB Painting LLC

09

BK

CR2E041 (11/09)

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210 Kameron DR

210 Kameron DR

City & State

City & State

Monticello, FL

Monticello, FL

Zip
32344

Country
USA

Zip
32344

Country
USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2/08/2008

6. FEI Number

83-0506316

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

Gerald Barnes

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

210 Kameron DR

Suite, Apt. #, Etc

City

Monticello

State

FL

Zip Code

32344

☒ 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

Gerald Barnes

REGISTERED AGENT MUST SIGN

Date 12-31-09

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
MEM	Gerald Barnes	210 Kameron DR	Monticello, FL 32344

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REINSTATEMENT

2009

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

Gerald Barnes

Date 12-31-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager