


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000082652	
1. Entity Name CAPITOL RESTORATION SERVICES LLC	

FILED
12 FEB -2 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 29 SCOTCH PINE CT CRAWFORDVILLE, FL 32327	Mailing Address 29 SCOTCH PINE CT CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02022012 REIN-LLC CR2E101 (12/11)

4. FEI Number 26-3314211	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, JEFF 29 SCOTCH PINE CT CRAWFORDVILLE, FL 32327	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.

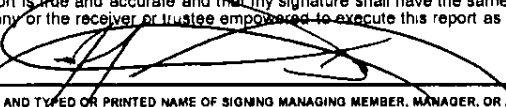
SIGNATURE  DATE 2-2-2012

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

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JOHNSON, JEFF 29 SCOTCH PINE CT CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 2/2/2012 E-MAIL ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE