2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000017167

1. Entity Name
PLATINUM PAINTING LLC

FILED
10 SEP 29 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09292010 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
3340 TRAFALGAR SQUARE TALLAHASSEE, FL 32301	3340 TRAFALGAR SQUARE TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 27-2199233 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIMARCO, KRISTOPHER ~~5729 EUNICE ST.~~ TALLAHASSEE, FL ~~32303~~ 32301	Name Street Address (P.O. Box Number is Not Acceptable) 3340 Trafalgar Sq. City Tallahassee FL Zip Code 32301

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 Kristopher D. Marco
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2011, Fee will be $377.50

REINSTATEMENT 2010 SBM

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIMARCO, KRISTOPHER ~~5729 EUNICE ST.~~ TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3340 Trafalgar Sq. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000186017810 09/29/10--01020--019 **238.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Kristopher D. Marco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #