

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -5 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100216576051
01/05/12--01021--009 **377.50

CR2E041 (1/11)

DOCUMENT # L09000072804

1. Limited Liability Company's Name

Williams Brothers Painting LLC

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

8231 Balmoral Dr.

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, FL

Zip

32311

Country

USA

3. Mailing Office Address

8231 Balmoral Dr.

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, FL

Zip

32311

Country

US

4. State/Country of Formation

Florida, United State of America

5. Date Organized or Qualified
To Do Business in Florida

7/29/09

6. FEI Number

27-0650541

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

Korshan Williams Sr.

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

8231 Balmoral Dr.

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32311

E-mail Address:

williamsbropainting@yahoo.com

williamsbropainting@yahoo.com
(To be used for future annual report notices)

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

[Signature]

Date 1/5/2012

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
MGRM	Korshan Williams	8231 Balmoral Dr.	Tallahassee, FL 32311

REINSTATEMENT

11-12-08

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

Daytime Phone (850) 345-4981

Typed or printed name of signing Managing Member/Manager

Korshan Williams Sr.