

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000044211

1. Limited Liability Company's Name

J. Rouse Painting, LLC

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

1760 Highway 22A
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1178
Suite, Apt. #, etc.

City & State

Newahitchka, FL

Zip Country

32465

City & State

Newahitchka, FL

Zip Country

32465

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/24/2010

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

Jimmy L. Rouse

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

1760 Highway 22A

Suite, Apt. #, Etc.

City

Newahitchka

State

FL

Zip Code

32465

E-mail Address:

lanniebeve@aol.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

Date

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
MEM	Jimmy L. Rouse	1760 Highway 22A	Newahitchka, FL 32465

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

Jimmy L. Rouse

Date

6-26-12

Daytime Phone #

850-381-6439

Typed or printed name of signing Managing Member/Manager

Jimmy L. Rouse