

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 AUG 14 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L100000911115

1. Limited Liability Company's Name

Charles Harrington Painting LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
**21625 southwood dr**

3. Mailing Office Address  
**21625 southwood dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lutz FL**

City & State

**Lutz FL**

Zip

**33549**

Country

**pasco U.S.**

Zip

**33549**

Country

**pasco U.S.**

4. State/Country of Formation

**FL U.S.**

5. Date Organized or Qualified  
To Do Business in Florida

**08/31/2010**

6. FEI Number

**590500949**

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

**Charles Harrington**

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

**21625 southwood dr**

Suite, Apt. #, Etc.

City

**Lutz**

State

**FL**

Zip Code

**33549**

**300263937133**  
**08/15/14--01028--006 \*\*382.50**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Charles Harrington*

Date **8-5-2014**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<i>mgm</i>	<b>Charles Harrington</b>	<b>21625 southwood dr</b>	<b>Lutz FL</b>
	<b>AUG 18 2014</b>		
	<b>L. SELLERS</b>	<b>REINSTATEMENT 2013-2014</b>	

11. E-mail Address: **northside71@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Charles Harrington*

Date **8-5-2014**

Daytime Phone # **813-453-0507**

Typed or printed name of signing Authorized Representative/Manager **Charles Harrington**