2016 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L12000026941 1. Entity Name AFFINE LL THOMPSON BAINTING LL C					16 KOV	-1 PH 1	։ կէ	
WENDELL THOMPSON PAINTING, LLC					SEDE:	SECHOLOGO GOLE TALLAROS SEE PLORIDA		
Principal Plac	e of Business	Mailing Address] IALUGI		יאטוויוני	
587 E. OAKR		587 E. OAKRIDGE RD. Tallahassee, Fl. 32305						
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2. Principal P	lace of Business - No P.O Box#	3. Mailing Address	3. Mailing Address					
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City & Stat		City & State Zip Country		4. FEI Number		Not	Applicable	
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	6. Name and Address of Current	Kadistalan waaut		Name	7. Name and Address of N	iw Kadistalan N	Gant	
	ON, WENDELL KRIDGE RD.				P.O. Box Number is Not Accep	table)	 -	
TALLAHAS	SSEE, FL 32305							
				City		FL	Zip Code	,
8. The above	named entity submits this statement for	or the nurroose of changing its	registere	ed office or register	ed agent or both in the State		amiliar with 4	and accent
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 Wanded Jungs. Signature typed or profess name of egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
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	E NOW!!! FEE IS \$238.75 ary 1, 2017, Fee will be \$377.50		Make check po orida Departme		,			
9.	MANAGING MEMBE	 ERS/MANAGERS	10.		40029	11070	1 0.4	
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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: Windel Super WINTMAT @, yahoo, COM								
	SIGNATURE AND TYPED OR PRINTED NAME (of Signing managing member, ma	NAGER. OF	R AUTHORIZED REPRESE	ENTATIVE Date	E-MAIL ADDRESS	/	

K. ASHTON