

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT -6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000074830

1. Limited Liability Company's Name

P6D Painting L.L.C.

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

7849 Maclean Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee Fl.

City & State

Zip

32312

Country

U.S.

Zip

Country

8. Name and Address of Current Registered Agent

Name

Phillip G. Doyle

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

7849 Maclean Rd.

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Phillip G. Doyle

REGISTERED AGENT MUST SIGN

Date 10-6-2015

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
AMBR	Phillip G. Doyle	7849 Maclean Rd.	Tallahassee Fl. 32312
			OCT - 6 2015
			L. SELLERS
		REINSTATEMENT	2015

11. E-mail Address: redskinphil@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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Phillip G. Doyle

Date 10-06-2015

Daytime Phone #

Typed or printed name of signing authorized representative/member