

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JUL 28 PM 2:37

DOCUMENT # L14000125542

1. Limited Liability Company's Name
Sowell Painting LLC.

2. Principal Office Address - No P.O. Box #
2607 Grant Avenue, Lot 9

3. Mailing Office Address
2607 Grant Avenue, Lot 9

Suite, Apt. #, etc.
LOT # 9

Suite, Apt. #, etc.
LOT # 9

City & State
Panama City, FL

City & State
Panama City, FL

Zip Country
32405 Bay

Zip Country
32405 Bay

CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 08/11/2014

6. FEI Number
47-1561631

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
Robert E. Sowell Jr.

Street Address (P.O. Box Number is Not Acceptable) Suite,
2607 Grant Avenue, Lot 9

Apt. #, Etc.
LOT # 9

City
Panama City

State Zip Code
FL 32405

Need
certificate
FOR
Job's
300288491209
07/28/16--01022--024 **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 Robert E. Sowell Jr.
REGISTERED AGENT MUST SIGN

Date 07/23/2016

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
AR	Robert E. Sowell Jr.	2607 Grant Avenue, Lot 9	Panama City, FL 32405

11. E-mail Address:

(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 Robert E. Sowell Jr. Date 07/23/2016 Daytime Phone # (850) 866-2857

Typed or printed name of signing authorized representative/member Robert E. Sowell Jr.