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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

L96000000641

FILED

02 OCT 30 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800006883678
10/30/02--01046--006 **155.00

1. DOCUMENT # L96000000641

Name and Mailing Address

0001571 01 FP 0.352 **PRSRT T5 0 0615 33067-313310
BROADLINE PAINTING LIMITED COMPANY
6210 N.W. 42 CT.
CORAL SPRINGS FL 33067-3133

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business
6210 N.W. 42 CT.
CORAL SPRINGS FL 33067

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/12/1996

6. FEI Number
65-0673478
☐ 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

PINTO, MICHELLE
6210 N.W. 42 CT.
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

Name SHAMEER MOHAMMED
Street Address (P.O. Box Number is Not Acceptable)
6210 N.W 42 CT
Coral Springs FL.
City FL Zip Code 33067

10. 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 [signature] Date 10-25-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GANGERPERSAD, RAMPERSAD	2084 N.E. 6TH LANE	WILTONMANORS FL 33334
MGR	GREGORY PINTO	6210 N.W 42 CT	CORAL SPRINGS, FL. 33067

12. 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.

Signature of Managing Member/Manager [signature] Date 10-25-02 Daytime Phone # 954-752-7135

Typed or printed name of signing Managing Member/Manager GREGORY PINTO