

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003696

Entity Name: DIAMOND STAR COATINGS, L.L.C.

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

3456 CHARLWOOD
ROCHESTER HILLS, MI 48306

New Principal Place of Business:

Current Mailing Address:

3456 CHARLWOOD
ROCHESTER HILLS, MI 48306

New Mailing Address:

FEI Number: 72-1562199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, ARTHUR C
137 PALMETTO DUNES CIRCLE
NAPLES, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARTHUR C. COLEMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEELY, JAMES E
Address: 105 BRIDLE PATH DRIVE
City-St-Zip: BUTLER, PA 16001

Title: MGRM () Delete
Name: COLEMAN, ARTHUR C
Address: 137 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES:

Title: CHAI (X) Change () Addition
Name: NEELY, JAMES E
Address: 105 BRIDLE PATH DRIVE
City-St-Zip: BUTLER, PA 16001

Title: PRES (X) Change () Addition
Name: COLEMAN, ARTHUR C
Address: 137 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR C. COLEMAN

PRES

10/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date