

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M06000005179

1. Limited Liability Company's Name

All Coat Painting LLC

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

6575 South Magnolia Ave

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34471

Country

3. Mailing Office Address

6575 South Magnolia Ave

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34471

Country

8. Name and Address of Current Registered Agent

Name

Ronald J Hill Jr

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

6575 South Magnolia Ave

Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Ronald J Hill Jr

REGISTERED AGENT MUST SIGN

Date 3/9/16

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	Ronald J Hill Jr	6575 South Magnolia Ave	Ocala FL 34471

11. E-mail Address: All Coat Painting 34474 @ Yahoo.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

Ronald J Hill Jr

Date 3/9/16

Daytime Phone # 352 484-8739

Typed or printed name of signing authorized representative/member

FILED

2016 APR -4 P 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Michigan

5. Date Organized or Qualified  
To Do Business in Florida

9/20/2006

6. FEI Number

20-1485660

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

600283814336  
03/25/16--01009--008 \*\*\$18.75