

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

ANNUAL REPORT LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS <i>2005 AR</i>	
DOCUMENT # <i>P03000126106</i>			
1. Limited Liability Company's Name <i>JLJ PAINTING Services Inc.</i>			
2. Principal Office Address <i>17 pennfield Ln.</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>17 pennfield Ln.</i> Suite, Apt. #, etc.	
City & State <i>Palm Coast FL</i>		City & State <i>Palm Coast FL</i>	
Zip <i>32164</i>	Country <i>USA</i>	Zip <i>32164</i>	Country <i>USA</i>

4. State/Country of Formation <i>USA</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number <i>522414806</i>		<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
7.			

8. Name and Address of Current Registered Agent			
Name <i>JEAN W. LOUIS-JEUNE</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>17 pennfield Ln.</i> Suite, Apt. #, Etc.			
<i>3000058535333</i> 08/12/05 01053 003 *1550 00			
City <i>Palm Coast</i>		State <i>FL</i>	Zip Code <i>32164</i>

9. 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 <i>Jean W. Louis-Jeune</i>	Date <i>7-5-05</i>		
10. Names and Street Addresses of Managing Members/Managers			

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
president	<i>JEAN W. LOUIS-JEUNE</i>	<i>17 PENNFIELD LN.</i>	<i>Palm Coast FL 32164</i>

11. 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 <i>Jean W. Louis-Jeune</i>	Date <i>7-5-05</i> Daytime Phone # <i>386-731-0169</i>
Typed or printed name of signing Managing Member/Manager <i>JEAN W. LOUIS-JEUNE</i>	