LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #M99000000154

1. Limited Liability Company's Name

SUNRISE FLOOR SYSTEMS LLC

2. Principal Office Address		**3.** Mailing Office Address	
9540 WAPLES ST.		205 HARDWICK RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE. #G			
City & State		City & State	
SAN DIEGO, CA.		PELL CITY, AL.	
Zip	Country	Zip	Country
92121	USA	35125	USA

4. State/Country of Formation: CA./USA

5. Date Organized or Qualified To Do Business in Florida: 05/23/98

6. FEI Number: 33-0564386 ☐ 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: Javier Rodall

800003510478--7
-12/21/00--01053--013
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 204 Caroline Street #702

Suite, Apt. #, Etc.:

City: Cape Canaveral | State: FL | Zip Code: 32920

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 _____ REGISTERED AGENT MUST SIGN Date 10/24/00

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
MGRM	FABIAN LOERA	205 HARDWICK RD.	PELL CITY, AL. 35125
MGRM	JOHN NICASTRO	205 HARDWICK RD.	PELL CITY, AL. 35125

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 _____ Date 10/24/00 Daytime Phone # 205-338-1860

Typed or printed name of signing Managing Member/Manager FABIAN LOERA

CR2E041 (9/99)