

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L02000009460

1. DOCUMENT # L02000009460

Name and Mailing Address

03 DEC 26 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AMERICAN IDEAL DECOR, LLC

2844 DRIFTING LILLY LOOP

KISSIMMEE FL 34747-2204



2. New Mailing Address 7985 SEA PEARL CIRCLE		4. State/Country of Formation FL	
City, State, Zip KISSIMMEE, FL 34747		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
Principal Place of Business 2844 DRIFTING LILLY LOOP KISSIMMEE FL 34747	3. New Principal Place of Business Address 7985 SEA PEARL CIRCLE City, State, Zip KISSIMMEE, FL 34747		6. FEI Number 01-0699209 Applied For Not Applicable
8. Name and Address of Current Registered Agent TOROLA, PAUL 2844 DRIFTING LILLY LOOP KISSIMMEE FL 34747		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 <u>Paul M. Torola</u> SIGNATURE REQUIRED Date <u>12-19-2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s) MANAGING MEMBER	Name of Managing Members/Managers PAUL M. TOROLA	Street Address of Each Managing Member/Manager 7985 SEA PEARL CIRCLE	City / State / Zip KISSIMMEE, FL 34747
REINSTATEMENT 03 200025776722 12/26/03--01073--029 **155.00			
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 <u>Paul M. Torola</u> SIGNED Date <u>12-19-2003</u> Daytime Phone # <u>407-397-7658</u> Typed or printed name of signing Managing Member/Manager <u>PAUL M. TOROLA</u>			

CR2E034 (7/03)