PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 05 DEC 20 AH 9: 56 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # LO 20000 23434 1. Limited Liability Company's Name METRO ROOF COATING & Cleaning C.L.C. CR2E041 (8/05) 3. Mailing Office Address 2. Principal Office Address 2738 SW 177 NUF 4. State/Country of Formation 2738 SW 177 HUE Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 9-10-02 City & State City & State pplied For Elarina MIRIMIR LORIDA 3*5 - 218 14*7 1 Not Applicable S5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33029 8. Name and Address of Current Registered Agent 700062448527 Street Address (P.O. Box Number is Not Acceptable) 12/28/05--01058--006 **200 00 Suite, Apt. #, Etc. Zip Code 33029 WIRMA. 9. 1, 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 12-8-05 REGISTERIED AGENT MUST SIGN Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip 7 738 SW 177 BVO 2014 2005 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 filling 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. _____ Date 12-8-05 Daytime Phone # 954- 658-8055 Managing Member/Manage

Typed or printed name of signing Managing Member/Manager _