



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -8 AM 10:11

DOCUMENT # L02C00025039					
1. Entity Name DMS INTERIORS, LLC					
Principal Place of Business 10158 GLENMORE AVE. BRADENTON, FL 34202 US			Mailing Address 10158 GLENMORE AVE. BRADENTON, FL 34202 US		
2. Principal Place of Business <i>3709 Wilkinson Rd</i>		3. Mailing Address <i>3709 Wilkinson Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042005 REIN-LLC CR2E101 (6/04)	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota, FL</i>		4. FEI Number 22-3877972	
Zip <i>34233</i>		Zip <i>34233</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, DEBORAH M 10158 GLENMORE AVE. BRADENTON, FL 34202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3709 Wilkinson Rd</i> City <i>Sarasota</i> FL Zip Code <i>34233</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when applicable)					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, DEBORAH M 10158 GLENMORE AVE. BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3709 Wilkinson Rd</i> <i>Sarasota, FL 34233</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, JERRY F 10158 GLENMORE AVE. BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3709 Wilkinson Rd</i> <i>Sarasota FL 34233</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Deborah M. Stevens</i>			106-21-05 (941)232-0886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		