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2004 MAY 19 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033751

1. Limited Liability Company's Name
ARDEX OF SOUTH FLORIDA, LLC

REINSTATEMENT 2003 - 2004

2150 Byberry Rd

2. Principal Office Address	3. Mailing Office Address
~~4147 North Dixie Highway~~	4147 North Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Phila, PA~~ Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: ~~19116~~ ~~33064~~ Country: USA	Zip: 33064 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/17/2002

6. FEI Number: 42-157-4773 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Fred Goldman

Street Address (P.O. Box Number is Not Acceptable): 6911 West Chester Circle

Suite, Apt. #, Etc.:

City: Bradenton | State: FL | Zip Code: 34202

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: X [signature] REGISTERED AGENT MUST SIGN

Date: 4/27/04

CR2E041 (1/03)

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	Ardex Laboratories, Inc.	2050 Byberry Road	Philadelphia, PA 19116

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 608.408, 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: [signature] Date: 4/27/04 Daytime Phone #: 215-639-9500

Typed or printed name of signing Managing Member/Manager: Stephen E. Braun

2082

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

LIMITED LIABILITY REINSTATEMENT

ARDEX OF SOUTH FLORIDA, LLC

Certificate of Status	0
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