PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 8:57

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DOCUMENT # L03000030792

1. Limited Liability Company's Name

Pianos Direct, LLC

2. Principal Office Address	3. Mailing Office Address
285 W Central Pkwy	285 W. Central Pkwy
Suite, Apt. #, etc. Suite 1720	Suite, Apt. #, etc. Suite 1720
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714 Country US	Zip 32714 Country US

4. State/Country of Formation: Florida / US

5. Date Organized or Qualified To Do Business in Florida: 8/18/2003

6. FEI Number: 11-3701643 ☐ 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: Robert L. Kenney

Street Address (P.O. Box Number is Not Acceptable): 285 W. Central Parkway

Suite, Apt. #, Etc: Suite 1720

City: Altamonte Springs | State: FL | Zip Code: 32714

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: Robert L Kenney (REGISTERED AGENT MUST SIGN) Date: 1/5/07

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
MGR	Bob Kenney	112 Cedar Point Ln.	Longwood, FL 32779
MGRM	Elizabeth Kenney	112 Cedar Point Ln	Longwood, FL 32779

04-06

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: Bob Kenney Date: 1/5/07 Daytime Phone # 407-774-2667

Typed or printed name of signing Managing Member/Manager: Bob Kenney