


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 22 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043504 1. Entity Name PERFECTO WALLCOVERING, LLC	
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Principal Place of Business 1905 SHARI LYNN TERR OCOEE, FL 34761 US	Mailing Address 1905 SHARI LYNN TERR OCOEE, FL 34761 US
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2. Principal Place of Business Suite, Apt. #, etc. 5614 SR. 33 City & State Clermont Florida	3. Mailing Address Suite, Apt. #, etc. 5614 SR. 33 City & State Clermont Florida
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11022004 REIN-LLC CR2E101 (6/04)

Zip 34714-9111	Country Lake
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4. FEI Number SS. 263 235968	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NASCIEMENTO, BRAD 1905 SHERI LYNN TERR OCOEE, FL 34761	7. Name and Address of New Registered Agent Name Brad Nascimento Street Address (P.O. Box Number is Not Acceptable) 5614 SR. 33 City Clermont
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Zip Code 34714-9111
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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: *Brad Nascimento* DATE: **11/18/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$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 NASCIEMENTO, BRAD 1905 SHERI LYNN TERR OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042926209 11/22/04--01044--011 **150.00

REINSTATEMENT 04

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: *Brad Nascimento* DATE: **11/18/04** 321-6894616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #