


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUL 18 AM 10:32</div> <div style="text-align: right;">CR2E041 (8/05)</div>
<b>DOCUMENT #</b> <u>L03000048875</u>			
<b>1. Limited Liability Company's Name</b> <u>Maru's Flooring LLC</u> <u>945 LEE ST.</u> <u>ST. AUGUSTINE FL 32084</u>			
<b>2. Principal Office Address</b> <u>945 LEE ST.</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>945 LEE ST.</u> <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> <u>ST. AUGUSTINE FL</u>		<b>City &amp; State</b> <u>ST. AUGUSTINE FL</u>	
<b>Zip</b> <u>32084</u>	<b>Country</b> <u>U.S.A.</u>	<b>Zip</b> <u>32084</u>	<b>Country</b> <u>U.S.A.</u>
<b>4. State/Country of Formation</b> <u>FL U.S.A.</u>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>1/27/04</u>	
<b>6. FEI Number</b> <u>200447518</u>		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>			
<b>8. Name and Address of Current Registered Agent</b>			
<b>Name</b> <u>Marvin Feldman</u>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>945 LEE ST.</u>			
<b>Suite, Apt. #, Etc.</b> 			
<b>City</b> <u>ST. AUGUSTINE</u>		<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>32084</u>
<b>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.</b>			
<b>Signature of Registered Agent</b> <u>Marvin Feldman</u>		<b>Date</b> <u>7/13/06</u>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<u>REG. AGENT</u>	<u>Marvin Feldman</u>	<u>945 LEE ST.</u>	<u>ST AUGUSTINE FL 32084</u>
			<u>900077780399</u>
			<u>07/20/06--01049--009 **255.00</u>
<div style="border: 1px solid black; padding: 10px; display: inline-block;">REINSTATEMENT <u>04-06</u></div>			
<b>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.</b>			
<b>Signature of Managing Member/Manager</b> <u>Marvin Feldman</u>		<b>Date</b> <u>7/6/06</u>	<b>Daytime Phone #</b> <u>(904) 827-0988</u>
<b>Typed or printed name of signing Managing Member/Manager</b> _____			