2004 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | | _ | * Service of Physical Property of | | | |
|--|--------------------------------|--|--|---|---|----------------------|---|--------------------------------------|--|--|
| DOCUMENT # L03000051774 1. Entity Name STEVE BELL WALLCOVERING "L.L.C." | | | | | | | "FILED | | | |
| STEVE BELL WALLCOVERING "L.L.C." | | | | | | 04 | NOV 29 - AM | | 1 | |
| Principal Place of Business Mailing Address | | | | | | } | | | | |
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| Principal Place of Business 3. Mailing Address | | | | | | | | | | |
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| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 11292004 | REIN-LLC | CR2E | 101 (6/04) | |
| City & State | | | City & State | | | 55101 | · · · · · · · · · · · · · · · · · · · | | | |
| City & State | | City & State | | 4. FEI Numb | er | | | plied For | | |
| Zip Country | | Zip Country | | | | | | | t Applicable | |
| Zip | | Country | Zip | Coun | itty | 5. Certificate | e of Status Desired | | \$5.00 Add | |
| 6. Name and Address of Current | | | Double-band Assent | | | 7 11 | 4.4.4 | | Fee Required | <u> </u> |
| | b. Name | and Address of Current | Hegistered Agent | | Name | /- Name and | d Address of New R | egistered | Agent | |
| BELL, STE | =\/= | | | | Ivaille | | | | | |
| 2316 SPO | |) DB | Street Address | | | P.O. Box Numb | er is Not Acceptable |) | | |
| TALLAHAS | | | | | | | | · | | |
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| | | | | | City | | | FL | Zip Code | • [|
| 8. The above | named entit | y submits this statement for | or the purpose of changing its | register | ed office or register | red agent, or bo | oth, in the State of Flo | rida. I am | familiar with | and accent |
| | tions of reg i s | | _ | • | | | | | , , , , , , , , , , , , , , , , , , , | |
| | . χ | TTUE CO | K.10 | | | | 11-29 | -011 | | |
| SIGNATURE | Signature typed | or printed name of registered agent | and title if applicable (NOT) | F: Register | ed Agent signature requi | red when reinstation | 11-29- | DATE | | |
| - | Organization (1) poor | The state of the s | - Communication (Communication Communication | | - Agent organization | | | | | |
| | | | to accorden 19 | | 0000011 50 11 | | Male | | | |
| I FIL | | FEE IS \$50.00 | In accordance with s | 5. OU7.1 | 193(2)(b), F.S., th | ie iimitea | | a cueck b | ayable to | |
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| | ary 1, 2005 | 5, Fee will be \$100.00 | | i not red | ceive the prior no | tice. | Florida | Departm | ent of State | • |
| | ary 1, 2005 | | liability company did | i not red | ceive the prior no | tice. | | • • | | |
| After Janu | | MANAGING MEMBE | liability company did | not rec | | tice. | Florida ADDITIONS/ | • • | · · · · · · · · · · · · · · · · · · · | |
| After Janu | MGRM | MANAGING MEMBE | liability company did | 10. | | tice. | | • • | | Addition |
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