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A STATE ALE ALE			
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	74.7 86.0 80.0	
DOCUMENT # L03000 1. Limited Liability Company's Name DeMario Floors L	FILED JAN -8 AN CRETARY OF S LANASSEE, FL		
2. Principal Office Address - No P.O. Box # 4210 70th Drive East Suite, Apt. #, etc.	3. Mailing Office Address 4210 70 th Drive East Sulte, Apt. #, etc.	61/87/08 U1/97/14 + 382.50 4. State/Country of Formation 7 Or ida 5. Date Organization Qualified	
Surasota, Florida Zip Country 34243 USA	City & State Sarasata, Florida Zip Country 34243 USA	To Do Business in Florida 2 17 2003	
Name Name Mario Javier Aller Street Address (P.O. Box Number is Not Acceptable 1210 70th Drive E Suite, Apt. #, Etc.	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
Signature of Registered Agent	FL 34243 We named limited liability company, am familiar with an	d accept the obligations of Chapter 608, F.S. Date 1 2 06	
10. Names and Street Addresses of Managing Men			
Titles Name of Managing Members/ Manag	Street Address of Ea		
MGRM Mario Javier Allenda	Perez 4210 70th Drive	East Sarasota, Plorida 34243	
REINSTATE	MENT 2006-	200 7 CUS no 1/8/08	
11. (certify that I am managing member/menager o	or the receiver or trustee empowered to execute this ex	polication as provided for in chapter 608. F.S. I further certify that when	
		APPARISH OF INCIDENCE IN CHARLES DUO. F.S. I INTURE CERTIFY INST WINES	

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

Date 112108

Daytime Phone # (941) 356 - 0924

Typed or printed name of eigning Managing Member/Manager Mario Javier Allende Perez