

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 2006 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #** L03000056870

**1. Limited Liability Company's Name**  
OLIVER FINISH LLC

**000074068460**  
05/05/06--01038--002 \*\*250.00

CR2E041 (8/05)

<b>2. Principal Office Address</b> 8881 A FOUNTAINBLEU BLVD Suite, Apt. #, etc. #303 City & State MIAMI, FL Zip 33172 Country USA		<b>3. Mailing Office Address</b> 8881 A FOUNTAINBLEU BLVD Suite, Apt. #, etc. #303 City & State MIAMI, FL Zip 33172 Country USA		<b>4. State/Country of Formation</b> FLORIDA	
				<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/30/2003	
				<b>6. FEI Number</b> 65-0184780	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
Name HUMBERTO OLIVEROS	
Street Address (P.O. Box Number is Not Acceptable) 8881 A FOUNTAINBLEU BLVD	
Suite, Apt. #, Etc. #303	
City MIAMI	State FL
	Zip Code 33172

**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

REGISTERED AGENT MUST SIGN

Date 04/26/06

**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	HUMBERTO OLIVEROS	8881 A FOUNTAINBLEU BLVD #303	MIAMI, FL 33172

**REINSTATEMENT 2004-2006**

**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 04/26/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager