PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 2007 MAR -7 AM 11: 01 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L040000127/3 1. Limited Liability Company's Name Monet Flooring LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 600 N.E. 29 Dr, 3. Mailing Office Address 600 N.E. 29 Dr, Florida, USA Suite, Apt. #, etc. Suite, Apt. #, etc. #Ã 5. Date Organized or Qualified. To Do Business in Florida Febuary 5, 2004 City & State City & State 6. FEI Number Applied For Wilton Manors,Fl. Wilton Manors, FI. Not Applicable 33334 33334 Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status USA 8. Name and Address of Current Registered Agent Richard Nixon ✓ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) 600 N.E. 29 Dr. receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. Wilton Manors,Fl. 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. _{Date} Feb. 26, 2007 Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip MGRM Richard Nixon Wilton Manors, Fl. 33334 600 N.E. 29 Dr.A \$00092372999 03/13/07--01039--012 **150.00 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. Managing Member/Manager Richard Nixon

Typed or printed name of signing Managing Member/Manager