

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014283

Entity Name: SURFACE-TECH, LLC

FILED
Nov 02, 2007
Secretary of State

Current Principal Place of Business:

4590 EDGEWATER LANE
OLDSMAR, FL 34677

New Principal Place of Business:

583 QUINTANA PL N.E.
ST. PETERSBURG, FL 33703

Current Mailing Address:

4590 EDGEWATER LANE
OLDSMAR, FL 34677

New Mailing Address:

583 QUINTANA PL. N.E.
ST.PETERSBURG, FL 33703

FEI Number: 55-0865319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAPIRO, ROBERT LEE
2401 PGA BLVD., SUITE 272
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT L. SHAPIRO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOWOTARSKI, MIKE
Address: 4590 EDGEWATER LANE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Delete
Name: SHAPIRO, ERIC
Address: 583 QUINTANA PLACE, N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAPIRO, ERIC
Address: 583 QUINTANA PL N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERIC SHAPIRO

MGRM

11/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date