

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -5 AM 9:05

DOCUMENT # L04000019180

1. Limited Liability Company's Name

Tony Valenzuela Wallpaper Installation, LLC  
6345 Park Street  
Jacksonville, Florida 32205

2. Principal Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

same

Country  
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State  
same

Zip

same

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/01/2004

6. FEI Number

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  55.00 Additional Fee required  
for a Certificate of Status

Name  
Ramon A. Valenzuela

Street Address (P.O. Box Number Is Not Acceptable)  
6345 Park Street

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL Zip Code  
32205

8. 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

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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	Ramon A. Valenzuela	6345 Park St Jax, Fl	32205
MGR	Holly Campbell	6345 Park St Jax, Fl	32205

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

11-23-05

Daytime Phone #

904 994 4647

Typed or printed name of signing Managing Member/Manager