

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
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

500061911475  
12/05/05--01053--001 \*\*150.00

CR2E041 (8/05)

2. Principal Office Address

Same

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

Same

City & State

same

Zip

same

Country

USA

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 ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

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

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

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
MEM	Ramon A. Valenzuela	6345 Park St Jax, FL	32205
MEM	Holly Campbell	6345 Park St Jax FL	32205
			2005

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 9944647

Typed or printed name of signing Managing Member/Manager