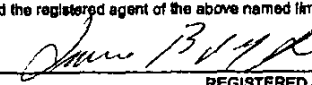
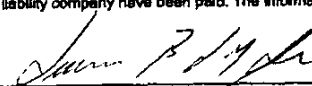


L04000032664

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000032664			
1. Limited Liability Company's Name New Concept Wood Floors, LLC			
2. Principal Office Address - No P.O. Box # 650 SE 12 ST		3. Mailing Office Address "	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. "	
City & State Danig, FL		City & State "	
Zip 33004	Country	Zip "	Country "
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 4/29/04	
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		☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Name Luciano B. Silva			
Street Address (P.O. Box Number is Not Acceptable) 650 SE 12 ST			
Suite, Apt. #, Etc. 103			
City Danig	State 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.			
Signature of Registered Agent 		Date 4/26/07	
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
Member	Luciano B. Silva	650 SE 12 ST #103	Danig, FL 33004
400102527124 05/15/07--01039--017 **100.00			
REINSTATEMENT 2006-2007			
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 4/26/07	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # 786-223-6227	

FILED
07 MAY -3 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (1/07)