

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 30 PM 5:41

DOCUMENT # L04000037099

1. Limited Liability Company's Name

Ziggy Interiors LLC.

CR2E041 (8/05)

2. Principal Office Address

1650 Sanctuary Pt. Dr.

3. Mailing Office Address

1650 Sanctuary Pt. Dr.

4. City and State

5. City and State

6. City and State

Naples Fla.

7. City and State

Naples Fla.

8. Zip

34110

9. Country

Collier

10. Zip

34110

11. Country

Collier

12. Date Organized or Qualified
To Do Business in Florida

5/17/04

30-0252453

13. Applied For

Not Applicable

14. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee for
Filing Certificate of Status

15. Name and Address of Current Registered Agent

MARC Ziegenfuss

1650 Sanctuary Pt. Dr.

REINSTATEMENT

05-06

Naples

State

FL

34110

16. 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

REGISTERED AGENT MUST SIGN

Date 10/4/06

17. 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	Shane Ross	1650 Sanctuary Pt. Dr.	Naples Fla. 34110

900080264799
09/28/06--01043--013 **\$155.00900080264799
10/31/06--01001--006 **\$50.00

10/30

18. 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 10-4-06 Daytime Phone # 239 404-6655