

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000039577

FILED
Nov 01, 2005
Secretary of State

Entity Name: INTER PRO SURFACING L.L.C.

Current Principal Place of Business:

622 RENAISSANCE POINT #201
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

8613 PISA DR.
BLDG 13, APT 211
ORLANDO, FL 32810

Current Mailing Address:

622 RENAISSANCE POINT #201
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

8613 PISA DR
BLDG. 13, APT 211
ORLANDO, FL 32810

FEI Number: 56-2326124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

ACE SURFACES NORTH AMERICA, INC.
409 MONTGOMERY PLACE SUITE 145
ALTAMONTE SPRINGS, FL 32714 US

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: FRANZ FASOLD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VISZTENVELT, KRISZTIAN
Address: 622 RENAISSANCE POINT #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Change () Addition
Name: VISZTENVELT, KRISZTIAN
Address: 8613 PISA DR, BLDG 13, APT 211
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISZTIAN VISZTENVELT

MGR

11/01/2005

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