PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 13 AM 9:23

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051953

1. Limited Liability Company's Name
ALBERTO'S FLOOR COVERING, LLC

CR2E041 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
2015 GREGORY DR	2015 GREGORY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33613 / Country:	Zip: 33613 / Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07-14-2004

6. FEI Number: 20-1362786 — 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: ALBERTO-RIVERA, EDUARDO

Street Address (P.O. Box Number is Not Acceptable): 2015 GREGORY DR

Suite, Apt. #, Etc.:

City: TAMPA — State: FL — Zip Code: 33613

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: Eduardo Alberto — Date: 10-12-06

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
MGRM	ALBERTO-RIVERA, EDUARDO	2015 GREGORY DR	TAMPA, FL 33613
			700080833327 10/13/06--01058--006 **205.00
			REINSTATEMENT 05-06

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: Eduardo Alberto — Date: 10-12-2006 — Daytime Phone #: 813-486-9172

Typed or printed name of signing Managing Member/Manager: ALBERTO-RIVERA, EDUARDO