2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000057300

1. Entity Name
CINDY KEEFER'S WALLPAPER LLC

Principal Place of Business	Mailing Address
152 SUMMERWIND CIRCLE NORTH CRAWFORDVILLE, FL 32327	152 SUMMERWIND CIRCLE NORTH CRAWFORDVILLE, FL 32327

09052006   REIN-LLC   CR2E101 (11/05)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
13-4285157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
KEEFER, CINDY 152 SUMMERWIND CIRCLE NORTH CRAWFORDVILLE, FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE	MGRM		TITLE		☐ Change ☐ Addition
NAME	KEEFER, CINDY	☐ Delete	NAME		
STREET ADDRESS	152 SUMMERWIND CIRCLE NORTH		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	MGRM		TITLE		☐ Change ☐ Addition
NAME	KEEFER, BRIAN	☑ Delete	NAME		
STREET ADDRESS	152 SUMMERWIND CIRCLE NORTH		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	800079571628	☐ Change ☐ Addition
NAME			NAME	09/07/06--01009--001 **100.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE				REINSTATEMENT 2005-2006	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   9.7.06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #