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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000112092 1. Limited Liability Company's Name RIOS DRYWALL & PAINTING, L.L.C.			
2. Principal Office Address - No P.O. Box # 5829 PENSACOLA BLVD Suite, Apt. #, etc. 214 City & State PENSACOLA, FLORIDA Zip 32505 Country USA		3. Mailing Office Address 809 BEVERLY PKWY Suite, Apt. #, etc. City & State PENSACOLA, FLORIDA Zip 32505 Country USA	
8. Name and Address of Current Registered Agent Name SANDRA VILLANUEVA Street Address (P.O. Box Number is Not Acceptable) 5829 PENSACOLA BLVD Suite, Apt. #, Etc. 214 City PENSACOLA, FLORIDA State FL Zip Code 32505		4. State/Country of Formation FLORIDA / USA 5. Date Organized or Qualified To Do Business in Florida 11/21/2005 6. FEI Number 20-3821109 Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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.	
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 <u><i>Sandra Villanueva</i></u> Date 10/11/2007 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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	SANDRA VILLANUEVA	5829 PENSACOLA BLVD	PENSACOLA, FLORIDA 32505
MGRM	RENE RIOS	5829 PENSACOLA BLVD	PENSACOLA, FLORIDA 32505
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REINSTATEMENT		DB	
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 <u><i>Sandra Villanueva</i></u> Date 10-11-07 Daytime Phone # (850) 346-2326 Typed or printed name of signing Managing Member/Manager SANDRA VILLANUEVA			