PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AFTINGTO LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT 14 AUG -5 PH 1:00 DIVISION OF CORPORATIONS DOCUMENT # L06000004660 SECHE TALLA ASSET FLORIDA TOP Quality painting Clearing LC 1. Limited Liability Company's Name CR2E041 (1/14) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 235 Hopkins Landing Ho 4. State/Country of Formation UNITED STATE 6 Suite, Apt, #, etc. Suite, Apt, #, etc. Date Organized or Qualified To Do Business in Florida 113/06 City & State City & State KC 32351 6. FEI Number Applied For 0305 Not Applicable Country 3,235 \$5.00 Additional Fee required for a Certificate of Status Gadsden. 3235 CERTIFICATE OF STATUS DESIRED sadsden 8. Name and Address of Current Registered Agent 400262991524 08/05/14--01014--022 **\$00.00 Pais ashewnelva Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 400262991524 08/05/14--01014--023 **160.00 Quine Zip Code State FL 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Jai Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Authorized Representatives/Managers Street Address of Each Authorized Representative/ Name of Titles City / State / Zip Authorized Representatives/ Managers Manager .aShawklra Landing Rel AUG - 5 2014 REINSTATEMENT L. SELLERE 11, E-mail Address: 1 Pais 4 4 (a) Gmail Com (To be used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605,0012. 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. I am aware that false in committed to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager

Typed or printed name of signing Authorized Representative/Manager