

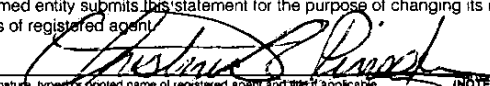
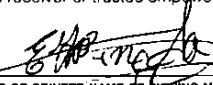


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 22 PM 1:07

<b>DOCUMENT # L06000021098</b> 1. Entity Name PINEDA FRAMING, L.L.C.					
Principal Place of Business <del>314 TEAL LN</del> <del>TALLAHASSEE, FL 32308</del>			Mailing Address <del>314 TEAL LN</del> <del>TALLAHASSEE, FL 32308</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 185-3 Crenshaw Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. #3			
City & State		City & State Tallahassee			
Zip	Country	Zip 32310	Country US		
4. FEI Number				10222007 REIN-LLC CR2E101 (1/07)	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  PINEDA, CHRISTINA 314 TEAL LN TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 185-3 Crenshaw Dr. Apt #3 Tallahassee, FL City Tallahassee FL Zip Code 32310		
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 			DATE 10/22/2007		
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2008, Fee will be \$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 NAME STREET ADDRESS CITY - ST - ZIP	MGR PINEDA, ELMER Y 314 TEAL LN TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Pineda, Elmer Y. 185-3 Crenshaw Dr. Apt 3 Tallahassee, FL 32310
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			DATE 10/22/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

850 879-68-84