PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY								F11.ET 08 JAN - 7 PM 12: 57		
DOCUMENT # L06000022717 1. Limited Liability Company's Name							SECH A LUMBE TALEAMAUELE, PLORIDA			
TAMPA FLOORING RESTORATION SERVICES LLC							1			
2. Principal Office Address - No P.O. Box # 3. Mailing Of 16103 GARDENDALE DR 16103 (ffice Address GARDENDALE DR			CR2E041 (1/07)		
				Suite, Apt. #, etc.				FLOORIDA FUSA		
City & State City & S					16			5. Date Organized or Qualified To Do Business in Florida 03/02/06		
TAMPA FL				TAMPA FL				\$20-4406238 Applied For Not Applicable		
^{Zip} 33624			SA	^{Zip} 33624		US	Ä	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
		8.	Name and Address of	Current Regis	tered Agen	ıt				
CLAUDIA MEJIA P							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			
16103GARDENDACEBBR										
Suite, Apt.	#, Etc.							not received and requesting the \$100 reinstatement be waived.		
ТАМ				FL 33624			randuonon de wareu.			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								accept the obligations of Chapter 608, F.S. Date 12/28/2007		
10. Names and Street Addresses of Managing Members/Managers										
Titles		Mana	Name of aging Members/Manage	Street Address of Eacl rs Managing Member/Mana			treet Address of Each laging Member/Mana	ı ger	City / State / Zip	
Р	CLAUDIA MEJIA P 16103 GARDEN						ARDENDA	ALE DR	TAMPA FL 33624	
М	OSCA	ALVAREZ		1093	10933 BRIGHTSIDE DR			TAMPA FL 33624		
М	ISABEL C PINZON				10933 BRIGHTSIDE DR			DE DR	TAMPA FL 33624	
		<u></u>								
REINSTATEMENT 67 12/31/0701024009 ***55.00										
BAIL WO										
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 LSCAR ALVAREZ. Date 12/28/2007 Daytime Phone #813-850-6124										
Typed or printed name of signing Managing Member/Manager										