

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 17 PM 12:00

DOCUMENT # L06000069365

1. Limited Liability Company's Name

CANLONS WALLCOVERING, LLC

200144518332
03/17/09--01010--007 **138.75

200144518332
02/26/09--01030--005 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1151 Hiawatha Ave. Suite, Apt. #, etc.		3. Mailing Office Address 1151 Hiawatha Ave. Suite, Apt. #, etc.	
City & State Orlando, Fl.		City & State Orlando, Fl.	
Zip 32825	Country U.S.	Zip 32825	Country U.S.

4. State/Country of Formation Florida/ U.S.	
5. Date Organized or Qualified To Do Business in Florida 7/12/06	
6. FEI Number 56-2599175	<input type="checkbox"/> 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	

8. Name and Address of Current Registered Agent

Name
Derek J. Baker

Street Address (P.O. Box Number is Not Acceptable)
5150 Barnegat Pt. Rd.

Suite, Apt. #, Etc.

City Orlando	State FL	Zip Code 32808
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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 Derek J. Baker Date 1/30/09
REGISTERED AGENT MUST SIGN

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
Mgr	Stephen Canlon	1151 Hiawatha Ave.	Orlando, Fl. 32825
		\$516.25	

REINSTATEMENT 0209 BSM

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 [Signature] Date 1 30 09 Daytime Phone # 407 879 5759

Typed or printed name of signing Managing Member/Manager Stephen Canlon