

Typed or printed name of signing Managing Member Manager __Jessica Farrell

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

·				J DEI OILE (·•
LIMITED LIABI COMPANY REINSTATEM		FLORIDA DEP Secre	tary of S	State	DiV	FILED SECRETARY OF STA VISION OF CORPORA FEB 20 PM 1:	TIONS
DOCUMENT # L06000102817 1. Limited Liability Company's Name							
Business Interior Concepts, LLC							
					CR2E041 (12/07)		
2. Principal Office Addres	3. Mailing Office Ac	Mailing Office Address					
14869 51st Drive	PO Box 444			4. State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Florida 5. Date Organized or Qualified To Do Business in Florida 10/20/2006			
City & State City & State			,		6. FEI Number		
Wellborn, Florida	Wellborn, Florida						
Žip	Country		Соиг	ntry	7. SS 00 Additional Fee require		
32094	USA	32094	USA	4	CERTIFICATE		for a Certificate of Status
8. Name and Address of Current Registered Agent							
Name Jessica Farrell					A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
Street Address (P.O. Box Number is Not Acceptable) 14869 51st. Drive							
Suite, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100			
City Wellborn		State Zip Code FL 32094			tement 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					Date 6 February 2008		
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	
MM Jessica F	Jessica Farrell		14869 51st. Drive			Wellborn, FL 32094	
	01/14/08-01055-003-#143.75						
•							
				51 02/12		/0117825425 /0801013008 **133.75	
REINSTATEMENT 2007-08							
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 Date 2/6/2008 Daytime Phone # 610-496-5597							