


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
09 JUL -2 M 10:56
TREASURY DEPARTMENT

DOCUMENT # L07000071490		
1. Entity Name RE-FRESHING CURB APPEAL, LLC		

Principal Place of Business 1126 COUNTRY CLUB ROAD NORTH SAINT PETERSBURG, FL 33710 US	Mailing Address 1126 COUNTRY CLUB ROAD NORTH SAINT PETERSBURG, FL 33710 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06182009 REIN-LLC CR2E101 (1/07)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 Laura Regier DATE 6/18/2009

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUMGARNER, WILLIAM 1126 COUNTRY CLUB ROAD NORTH SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000157541950 06/22/09--01046--003 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES <input type="checkbox"/> Change <input type="checkbox"/> Addition JUL 2 - 2009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008 - 09 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: [Signature] DATE 6/18/09 DAYTIME PHONE # 727-433-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE