

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000079278

FILED
Mar 17, 2009
Secretary of State

Entity Name: AMERICAN SUPPLIES TEXTILES LLC

Current Principal Place of Business:

555 W 52ND STREET #301
NEW YORK, NY 10019

New Principal Place of Business:

5251 MOON SHELL DR
APOLLO BEACH, FL 33572

Current Mailing Address:

555 W 52ND STREET #301
NEW YORK, NY 10019

New Mailing Address:

5251 MOON SHELL DR
APOLLO BEACH, FL 33572

FEI Number: 26-0634055 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BAUTISTA, HANFORFT
5251 MOON SHELL DR
APOLLO BEACH, FL 33572 US

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.

SIGNATURE: HANFORFT BAUTISTA

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUTISTA, HANFORFT
Address: 555 W 52ND STREET #301
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAUTISTA, HANFORFT
Address: 5251 MOON SHELL DR
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HANFORFT BAUTISTA

OWNE

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date