2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000084475 1. Entity Name DANIEL L. RAMIREZ HARDWOOD FLOORS L.L.C.						FILED 08 OCT 29 PM 4: 45 TALKAHASSEE, FLORIDA			
Principal Place of Business 2627 CHATEAU LN APT A TALLAHASSEE, FL 32311			Mailing Address 2627 CHATEAU LN APT A TALLAHASSEE, FL 32311			ALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10292008 REIN-LLC CR2E101 (1/07)			
City & State			City & State			4. FEI Numb	per	7	plied For t Applicable
Zip		Country Zip Co		Cour	ntry	5. Certificate of Status Desired			
		and Address of Current R	legistered Agent	/	7. Name and Address of New Registered Agent Name				
RAMIREZ, DANIEL L 2627 CHATEAU LN APT A TALLAHASSEE, FL 32311			γ 5 κ	\	Street Address (P.O. Box Number is Not Acceptable)				
			1/1						
0 The share		la de la companya de			City			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		EE IS \$138.75 , Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., liability company did not receive the prior i		193(2)(b), F.S., th ceive the prior no	e limited tice.		c payable to tment of State	•
9.	MGRM	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CHANG	ES Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	RAMIREZ, 2627 CHA	, DANIEL L TEAU LN APT A SSEE, FL 32311	NAME Strei					C. Change	
TITLE NAME STREET ADDRESS			☐ Delete TITI NAI STR		·	300137529663		Addition	
CITY-ST-ZIP	 				Y-ST-ZIP	10/31	./0801025006	**138. □ Change	75 ☐ Addition
NAME STREET ADDRESS			NAM Stre		i			C Change	
CHY-SI-ZIP	☐ Dele			TITE	LE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEM					20	208		
TITLE NAME STREET ADDRESS CFTY-ST-ZIP	☐ Delete				LE ME REET ADDRESS Y-ST-ZIP	<u> </u>		☐ Change	☐ Addition
HTLE NAME STREET ADDRESS			☐ Delete		me Reet address			☐ Change	☐ Addition
CITY-ST-ZIP 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 it made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
tion of the section									
SIGNATURE: SIGNATURE AND TYPED OR PRINTSD AAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									