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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L08000024457

1. Limited Liability Company's Name
ALL COAT WALLCOVERINGS, LLC

| | | | |
|--|-------------------------|--|-------------------------|
| 2. Principal Office Address - No P.O. Box # 4456 LOYS DRIVE Suite, Apt. #, etc. | | 3. Mailing Office Address 4456 LOYS DRIVE Suite, Apt. #, etc. | |
| City & State JACKSONVILLE, FL | | City & State JACKSONVILLE, FL | |
| Zip 32246 | Country DUVAL | Zip 32246 | Country DUVAL |

FILED

10 MAY 13 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700178715377
04/29/10--01009--002 **147.50

CR2E041 (11/09)

| | |
|--|-------------------------------|
| 4. State/Country of Formation FL USA | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| 6. FEI Number | Applied For 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
KEVIN FRALEY

Street Address (P.O. Box Number is Not Acceptable)
4456 LOYS DRIVE

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32246

☒ 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 *Kevin Fraley* Date 5/12/10

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 | KEVIN FRALEY | 4456 LOYS DRIVE | JACKSONVILLE FL 32246 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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05/14/10--01034--002 **100.00

REINSTATEMENT 2009-10

11. E-mail Address: teridul@2 hot mail .com
(To be used for future annual report notifications)

12. 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 *Kevin Fraley* Date 5/12/10 Daytime Phone # 904-405-4675

Typed or printed name of signing Managing Member/Manager

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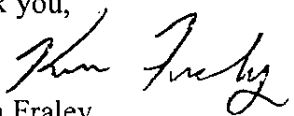
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attention: Joey

I am sending a money order in the amount \$147.50 to be added along with
Tracking # 200176381212 in the amount of \$130.00, and my reinstatement form.

Please contact me if any further information is needed at 1-904-405-4675

Thank you,



Kevin Fraley
All Coat Wallcoverings, LLC

WI-19059

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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10 MAY 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 29, 2010

ALL COAT WALLCOVERINGS, LLC
4456 LOYS DRIVE
JACKSONVILLE, FL 32246

SUBJECT: ALL COAT WALLCOVERINGS LLC
Ref. Number: L08000024457

We have received your document for ALL COAT WALLCOVERINGS LLC and your check(s) totaling \$147.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$277.50.

We need an additional check in the amount of \$130.00, we can't use the money from the online filing you were doing, you will have to reply to the email requesting refund for that fee.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 310A00010675

*Send to addl.
JTB
- Let
5/11/10*