PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	:	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED 11 FEB - 2 PH 2: 56
DOCUMENT # 4 08000024708 1. Limited Liability Company's Name			ť,	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Angeles Flooring LLC				
Principal Office Address - No P.O. Box #	3 Mailing C	Office Address		CR2E041 (05/10)
1/ / / /	bokins LN. PO BOX 914		State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #,		3/10	12008
				ized or Qualified ness in Florida 2 / 2 000 C
City & State City & State		6. FEI Number _ Applied For		
Ercensporo Tla Zip Country		nsharo T/.	O. PELINGINDE	951767 369 Not Applicable
32 3 30 Country	Zip 3233	Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				•
Name Miguel Angeles Ramirez Street Address (F.O. Box Number is Not Adceptable)				•
Suite, Apt. #, Etc.			900193175299	
City Microel S. R. State Zip Code FL 32330			02/03/1101001018 **377.50	
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				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/ Manage	ers	Street Address of Each Managing Member/Mana		City / State / Zip
MERM Miquel Angeles Ramiroz PD BOX		2 PD BOX 2	914	Treensboro 71,3830
REINSTATEMENT 3010 + 3011				
11 E-mail Address:				
(To be used for future annual report notifications) 12. I certify that I am managing member/manager or the receiver nempowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling 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.				
Managing Member/Manager // grel / S'U Date 02-62-11 Daytime Phone # 550 - 321-5408				
Typed or printed name of signing Managing Member/Manager				

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