PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS-FORM. FLORIDA DEPARTMENT OF STATE LIMITED L'ABILITY COMPANY Katherine Harris FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 02 FEB 19 PM 3: 54 DOCUMENT # 1. Limited Liability Company's Name ETRUSCAN IMPORTS, LLC 900005051229--3 -03/06/02--01076--025 ****200.00 ****200.00 4. State/Country of Formation INDIAN RIVER 5. Date Organized or Qualified BEACH FL VERO BEACH 6. FEI Number Applied For Not Applicable \$500 Additional Regardina INDIAN RWER (DroCalificate of Status 8. Name and Address of Current Registered Agent **-03/06/02--01076--02**6 00, ****** 00 ****** 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 Date 12-27-01 Registered Agent s of Managing Members/Managers Name of Managing Members/Managers Titles Street Address of Each City / State / Zip Managing Member/Manager 905 WOOD HAVEN LA. VERO BEACH FL 11. I critify 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 flability company name satisfies the requirements of section 608.406, F.S., and that all tes owed by the limited flability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath Signature of 200 Date 2-28-0/Daytime Phone # 9/7-544-5620 Managing Member Typed or printed name of signing Managing Member/Manager