PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

04 APR 22 AM 10: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000118950

1. Limited Liability Company's Name

Wall 2 Wall Inc.

2. Principal Office Address

411 NW 39th Rd

Suite, Apt. #, etc.

D

City & State

Gainesville Florida

Zip	Country
32607	U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip	Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida   10/23/03

6. FEI Number   20-0324246   ✓ Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name James C. Rigdon III

Street Address (P.O. Box Number is Not Acceptable) 411 NW 39th Rd.

Suite, Apt. #, Etc. D

City Gainesville   State FL   Zip Code 32607

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04/13/04--01032--002 **10.00

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 Registered Agent _____   Date 3/30/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres.	James C. Rigdon III	411 D NW 39th Rd.	Gainesville /FL/ 32607
V.P.	Elliott A. Berkley SR	411 D NW 39th Rd.	Gainesville /FL/ 32607

11. 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 _____   Date 3-31-04   Daytime Phone # (352) 278 0398

Typed or printed name of signing Managing Member/Manager _____