

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 JUL 11 AM 10:26

CR2E041 (8/05)

DOCUMENT # **LD4000037843**

1. Limited Liability Company's Name
Timothy Ball Floor Covering, LLC

2. Principal Office Address
7303 NW 58th Ct
Suite, Apt. #, etc.

3. Mailing Office Address
14371 S.W. 14th St
Suite, Apt. #, etc.

City & State
Ocala Fla
Zip
34482
Country
Marion

City & State
Ocala Fla
Zip
34481
Country
Marion

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
201104747

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
Samuel Hampton

Street Address (P.O. Box Number is Not Acceptable)
14371 SW 14th St.

Suite, Apt. #, Etc.

City
Ocala

State
FL

Zip Code
34481

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 **Samuel Hampton**
/REGISTERED AGENT MUST SIGN

Date **6-30-06**

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
MGRM	Timothy B.W. Ball	7303 NW 58 th Ct	Ocala Fla 34482
MGRM	Samuel W Hampton	14371 S.W. 14 th St	Ocala Fla 34481

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REINSTATEMENT 2005-2006

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 **Samuel W Hampton** Date **6-30-06** Daytime Phone # **352-286-6363**

Typed or printed name of signing Managing Member/Manager **SAMUEL W HAMPTON**