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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

1. DOCUMENT # L01000007662

Name and Mailing Address

0007553 01 AT 0.292 **AUTO TB 0 0615 33179-152920



NON-SLIP FLOORS, LLC
1920 N.E. 211 TERRACE
MIAMI FL 33179-1529



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/15/2001	
Principal Place of Business 1920 N.E. 211 TERRACE MIAMI FL 33179	3. New Principal Place of Business Address	6. FEI Number 65-1120499	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent COOLMAN, LENNY 1920 N.E. 211 TERRACE MIAMI FL 33179		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 600028413306	
		02/03/04--01054--009 **205.00	
		City	Zip Code
		FL	

CR2E034 (7/03)

10. 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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date 01/28/04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COOLMAN, LENNY	1920 N.E. 211 TERRACE	MIAMI FL 33179

REINSTATEMENT 03-04 cas
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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 *[Signature]* Date 01/28/04 Daytime Phone 305-525-1114

Typed or printed name of signing Managing Member/Manager LENNY COOLMAN.