

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG 22 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L01000013781
Hagler Floorcoverings & Supplies LLC

2. Principal Office Address

604-5 E. Moody Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2672
Suite, Apt. #, etc.

City & State

Bunnell FL

Zip Country

32110 USA

City & State

Bunnell FL

Zip Country

32110

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/14/01

6. FEI Number

04-3643852

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 L. Harper

Street Address (P.O. Box Number is Not Acceptable)

604-5 E. Moody Blvd

Suite, Apt. #, Etc.

City

Bunnell

State

FL

Zip Code

32110

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

7/18/05

REGISTERED AGENT MUST SIGN

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
2000	MGRM		
Owner	James L. Harper	PO Box 2672 - 604-5 E. Moody Blvd.	Bunnell FL 32110
1000	MGRM	38 Lynton Dr Palm Coast	
Owner	Keanie Turner	PO Box 2672	Bunnell FL 32110
1000	MGRM	PO Box 1027	
Owner	Clint Harper	163 Rac Dr Palm Coast	Bunnell FL 32110
1000	MGRM	PO Box 2672	
Owner	Robert Smith		Bunnell FL 32110

REINSTATEMENT 2002-05

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

8/10/05

Daytime Phone #

386 547 1293

Typed or printed name of signing Managing Member/Manager

James L. "Jimmy" Harper