

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

07 AUG 22 AM 11:52

DOCUMENT # L02000020969

1. Limited Liability Company's Name

ALLCOAST HARDWOOD FLOORING DISTRIBUTORS  
LLC

600108446726  
08/22/07--01003--007 \*\*305.00  
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

9156 ALISO RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 452

Suite, Apt. #, etc.

City & State

GOTHA, FLORIDA

City & State

GOTHA, FLORIDA

Zip

34734

Country

ORANGE

Zip

34734

Country

ORANGE

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

8/15/02

6. FEI Number

043708532

☒ 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

ANTHONY J. CALABRO

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

9156 ALISO RIDGE ROAD

Suite, Apt. #, Etc.

City

GOTHA

State

FL

Zip Code

34734

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

\* SEE ATTACHED LETTER

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

*Anthony J. Calabro*  
REGISTERED AGENT MUST SIGN

Date 8/15/07

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	ANGELA D. CALABRO	9156 ALISO RIDGE ROAD	GOTHA, FL. 34734
MGR	ROBERT P. CALABRO	9156 ALISO RIDGE ROAD	GOTHA, FL. 34734

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

*Angela D. Calabro*

Date 8/15/07

Daytime Phone# 407-427-0590

Typed or printed name of signing Managing Member/Manager

ANGELA D. CALABRO