

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

06 DEC 29 AM 8:04

DOCUMENT # **LD3000043795**

1. Limited Liability Company's Name

KNIPPER'S CARPET & TILE LLC

800083398248
01/05/07--01043--013 **180.00

CR2E041 (8/05)

2. Principal Office Address

10010 NE 10TH LANE

Suite, Apt. #, etc.

3. Mailing Office Address

10010 NE 10TH LANE

Suite, Apt. #, etc.

City & State

SILVER SPRINGS, FL

City & State

SILVER SPRINGS, FL

Zip

34488

Country

MARION

Zip

34488

Country

MARION

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

11/12/2003

6. FEI Number

59-3279529

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

TIMOTHY J KNIPPER

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

10010 NE 10TH LANE

Suite, Apt. #, Etc.

City

SILVER SPRINGS, FL

State

FL

Zip Code

34488

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 **12/29/2006**

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
MGR	TIMOTHY J KNIPPER	10010 NE 10TH LANE	SILVER SPRINGS, FL 34488

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 **12-29-2006**

Daytime Phone # **352-207-4046**

Typed or printed name of signing Managing Member/Manager **TIMOTHY J KNIPPER**