

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 SEP 29 AM 10:55

DOCUMENT # L030000 43937

1. Limited Liability Company's Name

Ryan Woodman Flooring, LLC

100080308261
09/29/06--01054--013 **250.00
CR2E041 (8/05)

2. Principal Office Address

2809 NE 24th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2809 NE 24th Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

US

City & State

Ocala, FL

Zip

34470

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11-12-2003

6. FEI Number

20-0392322

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

Ryan S. Woodman

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

2809 NE 24th Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/26/06

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
MGR	<u>Ryan S. Woodman</u>	<u>2809 NE 24th Ave.</u>	<u>Ocala, FL 34470</u>

REINSTATEMENT 04-06

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

[Signature]

Date

9/26/06

Daytime Phone #

352-875-4217

Typed or printed name of signing Managing Member/Manager

Ryan S. Woodman, MGR