

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 12 PM 2:37

<b>DOCUMENT # L03000045306</b> 1. Entity Name <b>MURRAY'S FLOORCOVERING, L.L.C.</b>					
Principal Place of Business <b>50 CAROLINA CT CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>50 CAROLINA CT CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1809 Miccosukee Commons Dr. Suite # 108</b>			
City & State 		City & State <b>Tallahassee, Florida</b>		4. FEI Number <b>20-0405013</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>32308</b>		Country 		10122005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent  <b>RICHARD A GLOVER CPA. P.A. 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MURRAY, MARK E SR 50 CAROLINA CT CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: MARK E. MURRAY, SR.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					