

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -3 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO3000045306

1. Limited Liability Company's Name

Murray's Floorcovering LLC.

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

166 Jean DR.

Suite, Apt. #, etc.

3. Mailing Office Address

166 Jean DR.

Suite, Apt. #, etc.

City & State

Crawfordville FL

Zip

32327

Country

Wakulla

City & State

Crawfordville FL

Zip

32327

Country

Wakulla

REINSTATEMENT

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

MARK E. Murray Sr.

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

166 Jean Dr

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

E-mail Address:

800220387258
02/03/12--01002--014 **516.25

(To be used for future annual report notices)

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 Mark E. Murray Sr.

Date 2-3-2012

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
<u>MSMR</u>	<u>MARK E. Murray</u>	<u>166 Jean Dr</u>	<u>Crawfordville FL 32327</u>

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing

Member/Manager Mark E. Murray

Date 2-3-2012

Daytime Phone # 850 284-8868

Typed or printed name of signing Managing Member/Manager