2010 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L03000045307]		LED.
1. Entity Name						10.0=	
SPARKS HARDWOOD FLOORING, LLC					10 OCT 21 AM 10: 10 SECTE TARY OF STATE TALEAHASSEE. FLORIDA		
Principal Place of Bu	siness	Mailing Address		!	AEESSIAM	1 Brogan	
20 STEVENS DR		20 STEVENS DR				CE. FLAGAS.	
MIDWAY, FL 32343	3	MIDWAY, FL 32343					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt #, etc		Suite, Apt. #, etc.			10212010		CR2E101 (1/07)
City & State		City & State			4. FEI Numb		Applied For Not Applicable
Zip	Country	Zip	Cour	ntry		e of Status Desired	\$5.00 Additional Fee Required
6. !	Name and Address of Current	egistered Agent Name		Name	7. Name an	d Address of New R	Registered Agent
SPARKS, DANIE							
20 STEVENS DI MIDWAY, FL 32		Street Address		Street Address (I	P.O. Box Numl	per is Not Acceptable	9)
				Спу			FL Zip Code
8. The above named	ential submits this statement fo	the purpose of changing its	register	ed office or register	ed agent, or b	oth, in the State of Fig	orida. I am familiar with, and accep
the obligations of	repristered agent.						/2/2///2
SIGNATURE Signature	b, typed or printed name of registered agent.	and title it applicable (NOTE	E: Register	ed Agent signature requir	ed when reinstating	/	DATE // O
	/!!! FEE IS \$238.75 2011, Fee will be \$377.50			1.1		se check payable to a Department of State	
9.	MANAGING MEMBE	BS/MANAGERS	10.	-		ADDITIONS:	/CHANGES
TITLE MGR		☐ Delete	THE	E		7,5511.01101	Change Addition
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	TEVENS DR VAY, FL 32343			FET ADDRESS '- ST- ZIP			
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11. I hereby certify the	nat the information supplied with report is true and accurate and	this filing does not qualify for	the exe	mptions contained i	in Chapter 119), Florida Statutes. I fu	urther certify that the information
limited trability co	ompany or the receiver or trustee	endpowered to execute this	report a	s required by Chapt	ter 608, Florida	Statutes.	And wellner of Merengal of 198
10/11/12							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MAJACOTING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Prome #							