PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 MAR 21 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03/21/18--01010--001 **377.50
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DOCUMENT # L03000045307

CR2E041 (12/13)

1. Limited Liability Company's Name
Sparks Hardwood Flooring LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20 Stevens Dr.	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Midway FL	City & State
Zip: 32343 Country: US	Zip Country

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: Daniel Sparks
Street Address (P.O. Box Number is Not Acceptable): 20 Stevens Drive Midway FL 32343
Suite, Apt. #, Etc:
City: Midway State: FL Zip Code: 32343

E-mail Address: _____ (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 605, F.S.

Signature of Registered Agent _____ Date 3/21/18
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Daniel Sparks	20 Stevens Drive	Midway FL 32343
	REINSTATEMENT		
		12/18 RCK	

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 Authorized Person _____ Date 3/21/18 Daytime Phone # 850 284 0072

Typed or printed name of signing Authorized Person _____