PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 22 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L03000045412

1. Limited Liability Company's Name
CARSAN WOOD FLOOR, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9451 SW 154 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33196 Country: USA	Zip Country

4. State/Country of Formation: FL - Dade
5. Date Organized or Qualified To Do Business in Florida: NOV 20 2003
6. FEI Number: 200406367 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: JOSE LUIS ANGULO
Street Address (P.O. Box Number is Not Acceptable): 9451 SW 154 CT
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code: 33196

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Jose Luis Angulo Date:
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
MGR	JOSE LUIS ANGULO	9451 SW 154 CT	MIAMI FL 33196
		900171999869	
		03/12/10 01024 002	
	REINSTATEMENT		516.25
		08-10	
		AB	

11. E-mail Address: CARSANWOODFLOOR@HOTMAIL.COM
(To be used for future annual report notification)

12. 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: Jose Luis Angulo Date: 03-23-10 Daytime Phone #: 7862014942

Typed or printed name of signing Managing Member/Manager: