

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 10:53

DOCUMENT # L03000048607

1. Limited Liability Company's Name

Bob's carpet Installation LLC

2. Principal Office Address

10505 Amos Ave

Suite, Apt. #, etc.

3. Mailing Office Address

10505 Amos Ave

Suite, Apt. #, etc.

City & State

Hastings FL

Zip

32145

Country

US

City & State

Hastings FL

Zip

32145

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

61006

6. FEI Number

200433762

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

Robert L Ferkel

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

10505 Amos Ave

Suite, Apt. #, Etc.

City

Hastings FL 32145

State

FL

Zip Code

32145

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

Bob Ferkel

Date

6306

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	Robert L Ferkel	10505 Amos Ave	Hastings FL 32145

04/08/06 90021026 \$250.00

000076293756

06/13/06--01042--014 ***215.00

REINSTATEMENT 04-06

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.

Signature of

Managing Member/Manager

Bob Ferkel

Date

6306

Daytime Phone #

9047030926

Typed or printed name of signing Managing Member/Manager

Robert L Ferkel