PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 AUG 20 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000048725

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08/28/07--01018--007 **150.00

CR2E041 (1/07)

1. Limited Liability Company's Name
J. Rever Flooring LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
990 Gergle Way	P.O Box 1414
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland FL	City & State: Deland FL
Zip: 32720 County: U.S.A	Zip: 32720 County: U.S.A

4. State/Country of Formation: U.S

5. Date Organized or Qualified To Do Business in Florida: 11/30/03

6. FEI Number: 80-0083639 ✓ 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: Cristina Rever
Street Address (P.O. Box Number is Not Acceptable): 990 Gergl Way
Suite, Apt. #, Etc.:
City: Deland State: FL Zip Code: 32724

☒ 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: Cristina Rever Date: _____
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jeremiah Rever	990 Gergle Way	Deland FL 32720
		REINSTATEMENT 05-07	

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 608.408, 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: [signature] Date: 8/16/07 Daytime Phone #: 407 947 9465

Typed or printed name of signing Managing Member/Manager: _____