

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 APR 24 AM 9:41

DOCUMENT # L03000051964

1. Limited Liability Company's Name

Tony Sacchetillo Carpet installation LLC

800074662308

05/16/06--01023--024 **250.00

CR2E041 (8/05)

2. Principal Office Address

883 Millbrae Ct #5

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

W.P.B. FL

Zip

33401

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida Palm Beach

5. Date Organized or Qualified
To Do Business in Florida

Dec 11 2003

6. FEI Number

20-0464940

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

James Matthews

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

3515 Village Blvd

Suite, Apt. #, Etc. #205

City

West Palm Beach

State

FL

Zip Code

33409

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

James Matthews

REGISTERED AGENT MUST SIGN

Date 04/05/06

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
MEMBER	Tony Sacchetillo	883 Millbrae Ct #5	West Palm Beach, FL 33409

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

[Signature]

Date 4/05/06

Daytime Phone #

561 427-3743

Typed or printed name of signing Managing Member/Manager