

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 9:40

DOCUMENT # L03000052515

1. Limited Liability Company's Name

Isles Flooring LLC

200074664002
05/16/06--01029--006 **205.00

CR2E041 (8/05)

2. Principal Office Address

4832 Phoenix Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

4832 Phoenix Ave.

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34690

Country

USA

Zip

34690

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

84-1631405

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

Ted Para

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

4832 Phoenix Ave.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

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

Date

4/12/06

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
MGRM	Ted Para	4832 Phoenix Ave.	Holiday, FL 34690

REINSTATEMENT 05-06

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

Date

4/12/06

Daytime Phone #

813-323-4022

Typed or printed name of signing Managing Member/Manager **Ted Para**