

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000053899

1. Limited Liability Company's Name

DeMario Floors L.L.C.

2. Principal Office Address - No P.O. Box #

3794 Dover Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

Country

34235

USA

3. Mailing Office Address

3794 Dover Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

Country

34235

USA

8. Name and Address of Current Registered Agent

Name

Mario Javier Allende Perez

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

3794 Dover Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34235

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

REGISTERED AGENT MUST SIGN

Date

05/21/10

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
MEM	Mario Javier Allende Perez	3794 Dover Drive	Sarasota, Florida 34235

11. E-mail Address: marioallende59@yahoo.com

(To be used for future annual report notifications)

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

Date

05/21/10

Daytime Phone #

(941) 356-0924

Typed or printed name of signing Managing Member/Manager

Mario Javier Allende Perez

FILED

2010 JUL -7 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500181312635  
05/25/10--01009--009 \*\*382.50

CR2E041 (11/09)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

12/17/2003

6. FEI Number

20-0488570

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

REINSTATEMENT

08-10