

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

08 DEC -9 PM 1:29

CR2E041 (10/08)

DOCUMENT # L03000054570

1. Limited Liability Company's Name

Floors By Tom Tomer LLC

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

3041 Williams Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

3041 Williams Blvd

Suite, Apt. #, etc.

City & State

Valrico Florida

City & State

Valrico Florida

Zip

33594

Country

USA

Zip

33594

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

12-19-03

6. FEI Number

200500307

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

Thomas Earl Tomer

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

3041 Williams Blvd

Suite, Apt. #, Etc.

City

Valrico FL

State

FL

Zip Code

33594

☒ 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

Thomas E. Tomer

Date

12-2-08

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
<u>mgem</u>	<u>Tom Tomer</u>	<u>3041 Williams Blvd</u>	<u>Valrico Florida</u>

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12/04/08--01027--014 **277.50

REINSTATEMENT 2007-08

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

Thomas E. Tomer

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager