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
05 NOV -2 AM 9: 31

DOCUMENT # L03 0000 56954

1. Limited Liability Company's Name
Haworth floor Covering LLC

200060497362
10/11/05--01056--015 **205.00

CR2E041 (8/05)

2. Principal Office Address
8200 Scenic Hwy

Suite, Apt. #, etc.
#5

City & State
Pensacola, FL

Zip 32514   Country US

3. Mailing Office Address
8200

Suite, Apt. #, etc.
5

City & State
Pensacola, FL

Zip 32514   Country US

4. State/Country of Formation
FL U.S.A

5. Date Organized or Qualified To Do Business in Florida   2003

6. FEI Number
04-3773538   ☐ 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 Haworth

Street Address (P.O. Box Number is Not Acceptable)
8200 scenic Hwy

REINSTATEMENT 04-05

Suite, Apt. #, Etc.
#5

City
Pensacola, FL   State FL   Zip Code 32514

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 _Tom Henton MGRM_   Date _10-7-05_
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
MGMR	Gabe Ghesquire	8200 Scenic Hwy #5	Pensacola, FL, 32514

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 _Tom Henton MGRM_   Date _10-7-05_   Daytime Phone # _850 525-5293_

Typed or printed name of signing Managing Member/Manager _Tom Haworth_