

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 OCT 24 AM 9:51

DOCUMENT # **LO4000002948**

1. Limited Liability Company's Name

**PAUL'S Carpet Service**

2. Principal Office Address

**1112 Highland St N**  
Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**  
Suite, Apt. #, etc.

City & State

**St, Pete FLA**

City & State

Zip  
**337**

Country

**PINELLAS**

Zip

**33701**

Country

**U.S**

4. State/Country of Formation

**FLA PINELLAS**

5. Date Organized or Qualified  
To Do Business in Florida

**10-20-05 0503177 1986/9/16/05**

6. FBI Number

**261-99-0259**

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

**PAUL Kelly**

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

**1112 Highland St N**

Suite, Apt. #, Etc.

City

**St, Pete**

State

**FL**

Zip Code

**33701**

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

**Paul Kelly Gross**

REGISTERED AGENT MUST SIGN

Date **10/13/05**

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	PAUL Kelly Gross	1112 Highland St. N	St, Pete FLA

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

**Paul Kelly Gross**

Date

**10/13/05**

Daytime Phone #

**727/420-8388 Cell**

Typed or printed name of signing Managing Member/Manager

**PAUL Kelly Gross**