2005 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L04000009574

1. Entity Name
CASEY CASTOR FLOORING, LLC

Principal Place of Business	Mailing Address
5031 NW 43RD STREET SUITE C GAINESVILLE, FL 32606	5031 NW 43RD STREET SUITE C GAINESVILLE, FL 32606
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

10252005   REIN-LLC   CR2E101 (6/04)

Zip	Country	Zip	Country

4. FEI Number ☑ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CASTOR, CASEY O 5031 NW 43RD STREET SUITE C GAINESVILLE, FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   DATE 11/11/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	10006144192l	☐ Change	☐ Addition
NAME	CASTOR, CASEY O		NAME	11/15/05--01052---024 **150.00		
STREET ADDRESS	5031 NW 43RD STREET, SUITE C		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	REINSTATEMENT	☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   11/11/05   (352) 336-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #