

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 19 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000011699**

1. Limited Liability Company's Name
B & K Floor Covering, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
166 Donna Ln.
Suite, Apt. #, etc.

3. Mailing Office Address
166 Donna Ln.
Suite, Apt. #, etc.

4. State/Country of Formation
Florida / U.S.

5. Date Organized or Qualified To Do Business in Florida
2-6-04

6. FEENumber
51-3782307 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

City & State
Defuniak Spgs. FL
Zip **32433** County **U.S.**

8. Name and Address of Current Registered Agent

Name
Jimmy P. Kearce, Jr.
Street Address (P.O. Box Number is Not Acceptable)
166 Donna Ln.
Suite, Apt. #, Etc.
City **Defuniak Spgs.** State **FL** Zip Code **32433**

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 **X Jimmy P. Kearce JR** Date **2-15-07**
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 |
|--------|-----------------------------------|--|-------------------------|
| MB | Jimmy P. Kearce, Jr. | 166 Donna Ln. | Defuniak Spgs. FL 32433 |

000089030490
02/23/07--01007--025 **150.00

REINSTATEMENT 05-07

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 **X Jimmy P. Kearce JR** Date **2-15-07** Daytime Phone # **850-865-2524**

Typed or printed name of signing Managing Member/Manager