

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 2:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000011759

1. Limited Liability Company's Name

HOLTON CARPET SERVICE LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
17928 Livingston Ave

Suite, Apt. #, etc.

City & State
Lutz, FL

Zip
33559

Country
Hillsborough

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

2004 August

6. FEI Number

30-07-18799

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
Marvin Holton

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

17928 Livingston Ave

Suite, Apt. #, Etc.

City
Lutz

State
FL

Zip Code
33559

☒ 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 **Marvin L Holton**

REGISTERED AGENT MUST SIGN

Date **12-11-07**

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
	Bob LAW HORN	17438 Livingston Ave APT 2	Lutz FL 33559
MEM	Bob LAW HORN	15423 LIVINGSTON AV	Lutz FL 33559
MEM	Ronald Gacwin	10526 MATISCIN	Tampa
			000113303960
			12/20/07--01028--002 **100.00

REINSTATEMENT 06 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 **Marvin L Holton**

Date **12-11-07**

Daytime Phone # **813-625-4061**

Typed or printed name of signing Managing Member/Manager **MARVIN L HOLTON**