

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000013533**

1. Limited Liability Company's Name

Rich Odom Flooring Contractor, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

P.O. Box 6661

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6661

Suite, Apt. #, etc.

City & State

Valparaiso, FL

City & State

Valparaiso, FL

Zip

32580

Country

USA

Zip

32580

Country

USA

4. State Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2-19-2004

6. FE Number

Applied For

7. CERTIFICATE OF STATUS DESIRED ☒

☒ All Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rich Odom

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

46 Roberts Ave.

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-27-07**

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
MGRM	Rich Odom	46 Robert Ave.	Niceville	FL	32578

100092371071

03/13/07--01039--006 **155.00

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

[Signature]

Date **2-27-07** Phone **850-380-5084**

Typed or printed name of signing Managing Member/Manager

Rich Odom

Rich Odom Flooring - 2-27-07

I'm writing this letter to state
I never recieved forms needed
for reinstatement in the year
2005, I am requesting that
the Penalty fee be waived.

Thank you