

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

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| DOCUMENT # L04000015674 1. Entity Name CALLOWAY FLOORING INSTALLATION LLC | |  |
| Principal Place of Business 11620 EAST RIDE DR. JACKSONVILLE, FL 32223 | | Mailing Address 11620 EAST RIDE DR. JACKSONVILLE, FL 32223 |
| 2. Principal Place of Business 845 west Cumberland ct Suite, Apt. #, etc. | 3. Mailing Address 845 west Cumberland ct. Suite, Apt. #, etc. | |
| City & State Jacksonville Florida Zip 32259 | City & State Jacksonville Florida Zip 32259 | 4. FEI Number 593262640 Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent CALLOWAY, JIMMY 11620 EAST RIDE DR. JACKSONVILLE, FL 32223 | | 7. Name and Address of New Registered Agent Name Jimmy Calloway Street Address (P.O. Box Number is Not Acceptable) 845 west Cumberland ct. City Jacksonville FL Zip Code 32259 |
| 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 <i>Sheila T. Gordon</i> <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | |
| FILE NOW!!! FEE IS \$200.00 | | Make check payable to Florida Department of State |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CALLOWAY, JIMMY 11620 EAST RIDE DR. JACKSONVILLE, FL 32223 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Jimmy Calloway 845 west Cumberland ct Jacksonville Florida 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100077780521 07/20/06--01049--012 **205.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jimmy Calloway</i> Jimmy Calloway <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date 7/6/06 |
| Daytime Phone # 904-705-7036 | | FILED # C 400-427-70417-0 |