

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -2 AM 11:16

DOCUMENT # L04000018710

1. Limited Liability Company's Name

FLOORUS LTD. CO.

100156720571  
06/03/09--01006--015 \*\*138.75

CR2E041 (10/08)

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

804 Medical Commons Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

5403 Warhol Ct

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32310

Country

Zip

32317

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
81-0645469

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

Lu, Ying

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

5403 Warhol Ct

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

☒ 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

REGISTERED AGENT MUST SIGN

Date

05/29/2009

**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	Lu, Ying	5403 Warhol Ct	Tallahassee, FL 32317
MGRM	Wu, Haitao	5403 Warhol Ct	Tallahassee, FL 32317

REINSTATEMENT

2009

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

Date

05/29/09

Daytime Phone #

850-321-0734

Typed or printed name of signing Managing Member/Manager

HAITAO WU