

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 -5 AM 14:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000022007

1. Limited Liability Company's Name

**T & E Carpet Installation, LLC**

2. Principal Office Address - No P.O. Box #  
**4905 East Regnas Ave.**

Suite, Apt. #, etc.

3. Mailing Office Address  
**4905 East Regnas Ave.**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip  
**33617**

Country  
**USA**

City & State  
**Tampa, FL**

Zip  
**33617**

Country  
**USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida **3/23/04**

6. FEI Number  
**20-0919741**

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  
**Tommy L. Estell**

Street Address (P.O. Box Number is Not Acceptable)  
**4905 East Regnas Ave.**

Suite, Apt. #, Etc.

City  
**Tampa, FL**

State  
**FL**

Zip Code  
**33617**

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 *Tommy Estell*  
REGISTERED AGENT MUST SIGN

Date **March 1, 2007**

**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                            |
|--------|-----------------------------------|--|---|
| Mgr    | Tommy L. Estell                   | 4905 East Regnas Ave.                          | Tampa, FL 33617                               |
|        |                                   |  | 500091558005<br>03/07/07--01035--009 **155.00 |
|        |                                   |  | <b>REINSTATEMENT 05-07</b>                    |
|        |                                   |  |   |
|        |                                   |  |   |

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 *Tommy Estell*  
Typed or printed name of signing Managing Member/Manager **Tommy L. Estell**

Date **3/1/07**

Daytime Phone# **813-988-0535**