


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**

06 DEC -1 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000037597

1. Limited Liability Company's Name

Kelly's Floor covering LLC

200082331482  
12/06/06--01063--021 \*\*50.00  
CR2E041 (8/05)

2. Principal Office Address

221 N. P Street

Suite, Apt. #, etc.

3. Mailing Office Address

221 N. P Street

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5-18-04

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Pensacola, FL

Zip

32505

Country

USA

City & State

Pensacola, FL

Zip

32505

Country

USA

8. Name and Address of Current Registered Agent

Name

Kaiten Alan Kelly

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

221 N. P Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

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

Kaiten Kelly

Date 12/04/06

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>Kaiten A. Kelly</u>	<u>221 N. P Street</u>	<u>Pensacola, FL</u> <u>32505</u>
		<u>9/12/05 90121 031</u>	<u>\$50.00</u>

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

Kaiten Kelly

Date

12/04/06

Daytime Phone #

(850) 905-0000

Typed or printed name of signing Managing Member/Manager

Kaiten Alan Kelly