

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

06 AUG 28 AM 9:50

DOCUMENT # L04000039650

1. Limited Liability Company's Name

Global Flooring, LLC  
G 04184700041

2. Principal Office Address

2510 Florida Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

3. Mailing Office Address

2510 Florida Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

*Handwritten initials*

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

07/02/04

6. FEI Number

830396547

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

ALAN SILVERSTEIN Esq

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

4521 POA BLVD Box 339

Suite, Apt. #, Etc.

City

Palm Beach Gardens, FL

State

FL

Zip Code

33418

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

*Handwritten signature of Alan Silverstein*

REGISTERED AGENT MUST SIGN

Date

8/9/06

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>MEM</u>	<u>Raymond Jackson</u>	<u>780 Cotton Bay Dr W, apt 1204</u>	<u>West Palm Beach FL 33406</u>
			<u>600079835206</u> <u>08/31/06--01040--005 **20.00</u>
			<u>REINSTATEMENT 05-06</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

Raymond Jackson

Date

9/15/06

Daytime Phone #

561 8023115

Typed or printed name of signing Managing Member/Manager

RAYMOND JACKSON