

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:23

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051953

1. Limited Liability Company's Name

ALBERTO'S FLOOR COVERING, LLC

CR2E041 (8/05)

2. Principal Office Address

2015 GREGORY DR

Suite, Apt. #, etc.

3. Mailing Office Address

2015 GREGORY DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

Zip

33613

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07-14-2004

6. FEI Number

20-1362786

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

ALBERTO-RIVERA, EDUARDO

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

2015 GREGORY DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

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

Eduardo Alberto

Date

10-12-06

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
MGRM	ALBERTO-RIVERA, EDUARDO	2015 GREGORY DR	TAMPA, FL 33613

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

Eduardo Alberto

Date

10-12-2006

Daytime Phone #

813-486-9172

Typed or printed name of signing Managing Member/Manager

ALBERTO-RIVERA, EDUARDO