

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 5/30/07

CR2E041 (1/07)

DOCUMENT # L04000060947

1. Limited Liability Company's Name

Tavares Hicks Floor Covering LLC

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

11226 Old Woodville Hwy

Suite, Apt. #, etc.

Tallahassee, FL

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

32305

Country

U.S.

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

8-17-04

6. FEI Number

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

Tavares Hicks

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

11226 Old Woodville Hwy

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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

X Tavares Hicks

Date

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
mrm	TAVARES HICKS	11226 Old Woodville Hwy	Tallahassee FL 32305
			600103918076
			06/05/07 01046-018 **150.00

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

X Tavares Hicks

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager