


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:41

DOCUMENT # L04000072288 1. Entity Name CARL'S FLOORING SERVICES LLC.	
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Principal Place of Business TROPICAL DRIVE 1510 LAKE WORTH, FLORIDA, 33460 US	Mailing Address TROPICAL DRIVE 1510 LAKE WORTH, FLORIDA, 33460 US
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2. Principal Place of Business 3616 MELALEUCA Ln Suite, Apt. #, etc.	3. Mailing Address 3616 MELALEUCA Ln Suite, Apt. #, etc.
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City & State LAKE WORTH FL	City & State LAKE WORTH, FL	Zip 33461	Country PALM BEACH
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05112006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-1709538	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOSEPH, LOTT WEST LANTANA RD. 1290 LANTANA, FL 33462	7. Name and Address of New Registered Agent Name <u>KUMAR, CARL</u> Street Address (P.O. Box Number is Not Acceptable) 3616 MELALEUCA Ln City <u>LAKE WORTH</u> FL Zip Code <u>33461</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl Kumar* DATE 5/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUMAR, CARL 1510 TROPICAL DRIVE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100076017671 06/08/06--01039--004 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, CHATERPAUL 1510 TROPICAL DRIVE LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 05-06

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carl Kumar* DATE 5/11/06 DAYTIME PHONE # 561-667-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #