PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -8 AM 10:29

DOCUMENT # L04000079076

1. Limited Liability Company's Name
Ben's Carpet Installations LLC

CR2E041 (8/05)

2. Principal Office Address
7402 S Spartan Ave
Suite, Apt. #, etc.
City & State
Homosassa, Fl
Zip 34446 Country United States

3. Mailing Office Address
7402 S Spartan Ave
Suite, Apt. #, etc.
City & State
Homosassa, Fl
Zip 34446 Country United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/03/04

6. FEI Number
20-1864167
☐ 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
Benjamin Joshua Michael Bowles
Street Address (P.O. Box Number is Not Acceptable)
7402 S Spartan Ave
Suite, Apt. #, Etc.
City
Homosassa
State FL Zip Code 34446

- 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 Benjamin J Bowles
REGISTERED AGENT MUST SIGN
Date 1/17/07

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
M	Benjamin J Bowles	7402 south spartan AVE.	Homosassa FL 34446
			900088225625 02/13/07--01035--022 **200.00
		REINSTATEMENT 05-07	
			900088225625 02/13/07--01035--023 **50.00

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 Benjamin J Bowles Date 2/4/07 Daytime Phone # 727-858-6190

Typed or printed name of signing Managing Member/Manager Benjamin J Bowles