

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-16-05
\$150.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000081776

1. Limited Liability Company's Name

PRO FLOORING, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 509 MOONEY RD		3. Mailing Office Address 509 MOONEY RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT WALTON BEACH		City & State FT WALTON BEACH	
Zip 32547	Country US	Zip 32547	Country US

4. State/Country of Formation FL/US	
5. Date Organized or Qualified To Do Business in Florida 11-12-04	
6. FEI Number 20-8777147	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name DAVID CAREY		
Street Address (P.O. Box Number is Not Acceptable) 509 MOONEY RD		
Suite, Apt. #, Etc.		
City FT WALTON BEACH	State FL	Zip Code 32547

☒ 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

Date **4-3-07**

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
MGR	DAVID CAREY	509 MOONEY RD	FT WALTON BEACH/FL/32547
			100103288201 05/25/07--01024--014 **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

Date **4-3-07**

Daytime Phone # **850-368-7470**

Typed or printed name of signing Managing Member/Manager **DAVID CAREY**