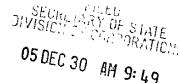
© 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000000354





12/30/05

Daytime Phone #

1. Entity Name JOEY C'S FLOORING, LLC						05 DEC 30 AM 9: 49			
Principal Place of Business 15274 SNOW MEMORIAL HWY BROOKSVILLE, F _L 34601			Mailing Address 15274 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601			50Amm		-	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12122005	REIN-LLC	CR2E101 (6/04)	
City & State			City & State			4. FEI Number Applied For Not Applicable			
Zìp	Country		Zìp	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent Name		7. Name and Address of New Registered Agent				
CHIAROM 15274 SNO BROOKSV	OW MEMO	ORIAL HWY	Street Address		(P.O. Box Number is Not Acceptable)				
					City			FL Zip Code	e
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 (March (March 12130105))									and accept
Signapure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		FEE IS \$50.00 6, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., liability company did not receive the prior r				eck payable to partment of State	e	
9.	Luon	MANAGING MEMBER		10.	1		ADDITIONS/CHA		
NAME STREET ADDRESS CITY-ST-ZIP	15274 SN	MONTE, JOSPEH	Delete	TITLE NAME		UR/MB		Change	☐ Addition
	BROOKS	IOW MEMORIAL HWY VILLE, FL 34601			ET ADDRESS - ST - ZIP	o1/1	3/0601063(14355 306 **50.1	00
NAME STREET ADDRESS	BROOKS		☐ Delete	CITY- TITLE NAME STREE	- ST-ZIP : E ET ADDRESS	0171	0006369 3/0601063(14.383 106 **50.1	○○ Addition
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LOSEPH CHIWOMON TE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE