

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 29 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD5000001786

1. Limited Liability Company's Name

MARK Jones Floor Covering, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <u>1617 BASS AVE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1410 S. GLENCOE RD.</u> Suite, Apt. #, etc.	
City & State <u>Seville FL</u>		City & State <u>New Smyrna Bch FL</u>	
Zip <u>32190</u>	Country <u>Volusia</u>	Zip <u>32168</u>	Country <u>Volusia</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/30/04</u>	
6. FEI Number <u>593798185</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Ron Jones</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1617 BASS AVE</u>			
Suite, Apt. #, Etc.			
City <u>Seville</u>	State <u>FL</u>	Zip Code <u>32190</u>	

000191331310
01/13/11--01031--011 **243.75

000191331310
03/22/11--01002--001 **133.75

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 Ronald Mark Jones
REGISTERED AGENT MUST SIGN

Date 12/28/10

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
MBR	Ron Jones	1617 BASS AVE	Seville FL 32190

REINSTATEMENT 10-11 GA

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 Ronald Mark Jones Date 12/28/10 Daytime Phone # 386 2856350

Typed or printed name of signing Managing Member/Manager Ronald Mark Jones