

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 10 PM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5516632 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # L05000007438

1. Entity Name
MBW FLOORING LLC

Principal Place of Business 1209 CHICKASAW STREET JUPITER, FL 33458	Mailing Address 1209 CHICKASAW STREET JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box # <u>706 WEST BRANCH STREET</u>	3. Mailing Address <u>706 WEST BRANCH STREET</u>
Suite, Apt. #, etc. <u>SUITE C</u>	Suite, Apt. #, etc. <u>SUITE C</u>
City & State <u>LANTANA, FLA</u>	City & State <u>LANTANA, FLA</u>
Zip <u>33462</u> Country <u>USA</u>	Zip <u>33462</u> Country <u>USA</u>

6. Name and Address of Current Registered Agent

WADE, GEORGE S
1205 CHICKASAW STREET
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	WADE, GEORGE S
STREET ADDRESS	1205 CHICKASAW ST.
CITY-ST-ZIP	JUPITER, FL, FL 33458
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>706 WEST BRANCH STREET SUITE C</u>
CITY-ST-ZIP	<u>LANTANA, FLORIDA 33462</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>400102931044</u>
CITY-ST-ZIP	<u>05/21/07--01015--004 **100.00</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>REINSTATEMENT 06-07</u>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: George S. Wade 5/1/07 561-714-7378

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