

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 005 ****55.00

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000016999

1. Limited Liability Company's Name

JACE HOWARD FLOORING, LLC
1839 Wexford Way
Orange Park, Florida 32003-7753

20046996

CR2E041 (8/05)

2. Principal Office Address

7658 Phillips Hwy.

3. Mailing Office Address

7658 Phillips Hwy.

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

Suite #100

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32256

Country

USA

Zip

32256

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/18/2005

6. FEI Number

20-2369593

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

DANIEL D. AKEL, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

One Independent Drive

Suite, Apt. #, Etc.

Suite #2301

City

Jacksonville

State

FL

Zip Code

32202

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

5/22/05

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 Jace Howard	1839 Wexford Way	Orange Park, FL 32003

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

4/4/06

Daytime Phone # 904-731-4454

Typed or printed name of signing Managing Member/Manager

David Jace Howard