## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # L05000019516  1. Limited Liability Company's Name					07 DEC 19 AM 9	3: 46	
Victor's Carpet Installation LLC							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				-	CR2E041 (1/07)		
3100 22 <sup>nd</sup> Ave N.		3445 Begonia Place		4. State/Country of Formation			
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Date Organ	Florida  5. Date Organized or Qualified To Do Business in Florida 05-09-05		
City & State		City & State		6. FEI Numbe		Applied For	
St. Petersburg, Florida		Largo, Florida		16 - 172   225   Not Applicable			
Zip 33713	Country USA	33771	Country	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
ــــــــــــــــــــــــــــــــــــــ	8. Name and Address of		-	1			
Name Victor Robert Rivera  Street Address (P.O. Box Number is Not Acceptable) 3445 Begonia Place  Suite, Apt. #, Etc.  City Largo  State Zip Code FL 33771				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.			
	Stor R Revero	ve named limited liability co	d accept the obligati	accept the obligations of Chapter 608, F.S.  Date <u>U-21-07</u>			
10. Names and Street Addresses of Managing Members/Managers							
Titles	Titles Name of Street Address of Ea Managing Members/Managers Managing Member/Man			-	L City / State / Zib		
MGR Victor R. Rivera 3445 Begonia Pla				عرد	Largo, Florida 35771		
					91162593	634 **200.00	
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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 11-21-07 Daytime Phone # 727-320-7300							
Signature of Managing Member/Manager Vision R Rivera  Date 11-21-07 Daytime Phone # 727-320-7300  Typed or printed name of signing Managing Member/Manager Victor R Rivera							