

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700131812467
06/27/08--01029--009 **416.25

CR2E041 (12/07)

DOCUMENT # L05000038068

1. Limited Liability Company's Name

S&S CARPETING, LLC

2. Principal Office Address - No P.O. Box #

1660 179TH DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1660 179TH DRIVE

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

City & State

LIVE OAK, FL

Zip

32060

Country

USA

Zip

32060

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

16-1746906

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

SHAYNE BURNETT

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

1660 179TH DRIVE

Suite, Apt. #, Etc.

City

LIVE OAK, FL

State

FL

Zip Code

32060

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date **6-24-08**

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	SHAYNE BURNETT	1660 179TH DRIVE	LIVE OAK, FL 32060

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 **06/24/2008**

Daytime Phone # **386-688-4500**

Typed or printed name of signing Managing Member/Manager **SHAYNE BURNETT**