

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JAN 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000062639**

1. Limited Liability Company's Name

PETER LEWIS Carpet

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

714 N Palm Way

Suite, Apt. #, etc.

3. Mailing Office Address

714 N Palmway

Suite, Apt. #, etc.

City & State

Lake Worth Fl.

City & State

Lake Worth FL.

Zip
33460

Country
USA - Palm Beach

Zip
33460

Country
U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6/23/05

6. FEI Number

83-0433822

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

PETER LEWIS

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

714 N Palmway

Suite, Apt. #, Etc.

City

Lake worth

State

FL

Zip Code

33460

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

Peter Lewis
REGISTERED AGENT MUST SIGN

Date **1/4/10**

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
MGR	PETER LEWIS	714 N Palmway	Lake Worth FL 33460

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REINSTATEMENT 08-10
FL

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

Peter Lewis

Date **1/4/10**

Daytime Phone # **(954) 850-9800**

Typed or printed name of signing Managing Member/Manager

PETER LEWIS