

LOS000083021

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # LOS-83021

1. Limited Liability Company's Name Randy Lee Smith Flooring LLC

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

5507 Baptist Church Rd.

Suite, Apt. #, etc.

Lot 20

3. Mailing Office Address

5507 Baptist Church Rd.

Suite, Apt. #, etc.

Lot 20

City & State

Tampa FL

City & State

Tampa FL

Zip

33610

Country

Hillborough

Zip

33610

Country

Hill

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1-24-06

6. FEI Number

246933620

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

Randy Lee Smith

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

5507 Baptist Church Rd

Suite, Apt. #, Etc.

Lot 20

City

Tampa

State

FL

Zip Code

33610

☒ 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

Randy Lee Smith

REGISTERED AGENT MUST SIGN

Date 1-26-08

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	Randy Lee Smith	5507-Baptist Church Rd	Tampa FL 33610
			300118408909 02/20/08--01005--023 **127.50
	Without Penalty		nr 2/13
	REINSTATEMENT		2007-2008

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

Randy Lee Smith

Date 1-26-08

Daytime Phone #

813-397-7827

Typed or printed name of signing Managing Member/Manager

Randy Lee Smith