

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000085682

1. Limited Liability Company's Name

Foster's Carpet & Tile LLC

CR2E041 (1/07)

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

1509 Arnold St

Suite, Apt. #, etc.

3. Mailing Office Address

1509 Arnold St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

City & State

Tallahassee FL

Zip

32310

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Kelsoe Foster

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

1509 Arnold St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

☒ 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

Kelsoe Foster

Date

10/30/07

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
mgrm	Kelsoe Foster	1509 Arnold St.	Tallahassee, FL 32310
			400111557734 10/31/07--01054--014 **100.00

REINSTATEMENT 0607

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

Kelsoe Foster

Date

10/30/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KELSOE FOSTER