

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -2 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100174181861
04/01/10--01046--008 **416.25

CR2E041 (11/09)

DOCUMENT # L05000109252

1. Limited Liability Company's Name

COVERALL FLOORS, LLC

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

4285 North Trapper

Suite, Apt. #, etc.

3. Mailing Office Address

3350 E. WAGON TRL.

Suite, Apt. #, etc.

City & State

Hernando FL.

City & State

Hernando FL.

Zip

34442

Country

USA

Zip

34442

Country

USA

4. State/Country of Formation

USA.

5. Date Organized or Qualified
To Do Business in Florida

11-08-2005

6. FEI Number

412191276

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
ERIC T Deubert

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

3350 E WAGON TRAIL

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

☒ 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

Eric T Deubert

REGISTERED AGENT MUST SIGN

Date 3-30-10

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	Eric Deubert		

REINSTATEMENT 08-10

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

Eric Deubert

Date 3-30-10

Daytime Phone #

804-641-6839

Typed or printed name of signing Managing Member/Manager

ERIC THOMAS DEUBERT