

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000112579

1. Limited Liability Company's Name

WILLIAM LILES FLOOR COVERING, LLC

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

5548 W. BAYSHORE DR.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32127

Country

US

3. Mailing Office Address

P.O. BOX 250665

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

Zip

32125

Country

US

FILED

08 APR 10 AM 10:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (12/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **11/15/2005**

6. FEI Number

20-3831040

☐ 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

WILLIAM LILES

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

5548 W. BAYSHORE DRIVE

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

☒ 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 **1/25/08**

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	WILLIAM LILES	5548 W. BAYSHORE DR.	PORT ORANGE, FL 32127

400116454924
01/30/08--01029--004 **277.50

400116454924
04/07/08--01008--003 **138.75

REINSTATEMENT 2006-2008

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

Date **1/25/08**

Daytime Phone # **386/307-2639**

Typed or printed name of signing Managing Member/Manager

WILLIAM LILES