

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 29 AM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900178941159
04/30/10--01002--002 **277.50

CR2E041 (11/09)

DOCUMENT # L05000113076

1. Limited Liability Company's Name

SW Commercial Floor Installation LLC

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4301 Mossy Top Ct.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32303

LEON

4. State/Country of Formation

Florida

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

Jimmie H. Wilson

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

4301 Mossy Top Ct.

Suite, Apt. #, Etc.

Tall.

City

State

Zip Code

FL

32303

☒ 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

Jimmie Wilson

REGISTERED AGENT MUST SIGN

Date

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
Mgm	David Bernalley	43	
Mgm	Richard Cooke		
Mgm	Jimmie Wilson		

REINSTATEMENT

2009, 2010

11. E-mail Address: khysain@aol.com

(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

Jimmie Wilson

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager