

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000000389

1. Limited Liability Company's Name

FLOORING BY PRIMO LLC

FILED

09 NOV -3 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1450 SAND RD Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32310		3. Mailing Office Address 1450 SAND RD Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32310	
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4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 01/04/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name PRIMO RICO			
Street Address (P.O. Box Number is Not Acceptable) 1450 SAND RD			
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: Primo Rico Date: 11/03/2009

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	PRIMO RICO	1450 SAND RD	TALLAHASSEE, FL. 32310
REINSTATEMENT			2009

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: Primo Rico Date: 11/03/2009 Daytime Phone #: 850-251-1944

Typed or printed name of signing Managing Member/Manager: PRIMO RICO