


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000012342		
1. Entity Name FLOORS YOUR WAY LLC		

FILED

08 MAR -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 302 E. GEORGIA STREET APT. F1 TALLAHASSEE, FL 32301	Mailing Address 302 E. GEORGIA STREET APT. F1 TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 15329 hidden meadow ct Suite, Apt. #, etc.	3. Mailing Address 15329 hidden meadow ct Suite, Apt. #, etc.
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03052008 REIN-LLC CR2E101 (1/07)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32310	Country Leon
Zip 32310	Country Leon

4. FEI Number 590-786781	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BEARD, CHARLES 302 E. GEORGIA STREET APT. F1 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Charles Beard Street Address (P.O. Box Number is Not Acceptable) 15329 hidden meadow ct City Tallahassee FL Zip Code 32310	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Charles Beard</u> DATE <u>3/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEARD, CHARLES 302 E. GEORGIA STREET, APT. F1 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300119941153 03/11/08--01015--003 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Charles Beard</u> DATE <u>3/5/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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