

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB 11 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000037981 1. Entity Name CARLOS MANCIA FLOOR COVERING LLC					
Principal Place of Business 7313 WAGON TRAIL LN TALLAHASSEE, FL 32310			Mailing Address 7313 WAGON TRAIL LN TALLAHASSEE, FL 32310		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
6. Name and Address of Current Registered Agent MANCIA, CARLOS PLEITEZ 756 SOUTH SIKES ST. QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Mancia, Carlos Pleitez Street Address (P.O. Box Number is Not Acceptable) 7313 Wagon Trail Ln. City Tallahassee FL Zip Code 32310	
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><i>Carlos Mancia</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/11/08</u>					
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	MGRM MANCIA, CARLOS PLEITEZ 7313 WAGON TRAIL LN TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600118347306 02/19/08--01045--027 **277.50
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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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
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><i>Carlos Mancia</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>2/11/08</u> Daytime Phone #	

REINSTATEMENT