

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 19 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300172628483
03/19/10--01018--018 **277.50

CR2E041 (11/09)

DOCUMENT # L06000037981

1. Limited Liability Company's Name

Carlos Mancio FLOOR COVERING LLC

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7313 WAGON TRAIL

City & State

City & State

TALLAHASSEE

Zip

Country

Zip

Country

32310

FL

4. State/Country of Formation

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

Carlos Mancio

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

7313 WAGON

Suite, Apt. #, Etc.

TRAIL Ln

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

Carlos Mancio

REGISTERED AGENT MUST SIGN

Date 03 19 10

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
<u>MGRM</u>	<u>Carlos Mancio</u>		<u>7313 WAGON TRAIL Ln TALLAHASSEE FL 32310</u>

REINSTATEMENT 09, 10

11. E-mail Address:

(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

Carlos Mancio

Date 03 19 10

Daytime Phone #

850 339 0557

Typed or printed name of signing Managing Member/Manager