

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 NOV -5 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000037981

1. Limited Liability Company's Name

Carlos mancia Floor Covering LLC

CR2E041 (1/11)

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

5552 EIK Ln

3. Mailing Office Address

Suite, Apt. #, etc. Same

4. State/Country of Formation

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida

4-12-06

City & State

Tallahassee FL

City & State

6. FEI Number

Applied For

Not Applicable

Zip

Country

32304

US

Zip

Country

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 mancia

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

5552 EIK Ln

Suite, Apt. #, Etc.

Tallahassee

City

State  
FL

Zip Code

FL 32304

E-mail Address:

600241536806  
11/06/12--01003--011 \*\*377.50

(To be used for future annual report notices)

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 mancia

REGISTERED AGENT MUST SIGN

Date 11/5/12

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 mancia</u>	<u>5552 EIK Ln</u>	<u>Tallahassee FL 32304</u>

**REINSTATEMENT** 2012 SEM

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager

Carlos mancia

Date 11/5/12

Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_