

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000043583

1. Limited Liability Company's Name

Ricky's Flooring Services LLC

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

227 South 6th Street

Suite, Apt. #, etc.

None

City & State

Macleenny Florida

Zip

32063

Country

Baker

3. Mailing Office Address

227 South 6th Street

Suite, Apt. #, etc.

None

City & State

Macleenny Florida

Zip

32063

Country

Baker

4. State/Country of Formation

Fla. / Duval

**5. Date Organized or Qualified
To Do Business in Florida**

05/02/06

6. FEI Number

20-4766659

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

Richard E. Powell

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

227 South 6th Street

Suite, Apt. #, etc.

City

Macleenny

State

FL

Zip Code

32063

☒ 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**

Richard E. Powell

Date

9/24/08

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	Richard E. Powell	227 South 6th Street	Macleenny FL 32063
			200136691373
			10/07/08--01016--025 **277.50
REINSTATEMENT without Penalty 2007-08			
			10/3/08 up

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**

Richard E. Powell

Date

9/24/08

Daytime Phone #

904-251-5169

Typed or printed name of signing Managing Member/Manager

Richard E. Powell