

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 DEC -2 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

206000059497

I.A.CEDENO FLORING LLC

CR2E041 (11/09)

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

1004 MOCCASSIN RUN RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

Zip

32765

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11-25-09

6. FEI Number

205030292

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

IVAN ABEL CEDENO

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

1004 MOCCASSIN RUN RD.

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

☒ 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

REGISTERED AGENT MUST SIGN

Date

Nov 29, 2009

**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
MEM	CEDENO, IVAN 1004 MOCCASSIN RUN RD OVIEDO, FL 32765		

700163261457  
12/02/09--01036--013 \*\*277.15

REINSTATEMENT 08-09

11. E-mail Address: IVANACEDENO@AOL.COM

(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

Date

Nov 29, 2009

Phone #

321-262-5064

Typed or printed name of signing Managing Member/Manager

IVAN CEDENO