

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 206000080577

1. Limited Liability Company's Name

Clw Flooring installations LLC

9/14/07

CR2E041 (10/08)

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

12634 County RD SW

Suite, Apt. #, etc.

3. Mailing Office Address

243 West Orlando St

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711

Country

U.S.A.

City & State

Orlando, FL

Zip

32804

Country

U.S.A.

4. State/Country of Formation

USA

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

2007

6. FEI Number

Applied For

☒ Not Applicable

CERTIFICATE OF STATUS DESIRED

☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Christopher L. Wiggner

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

243 W Orlando St.

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32804

☒ 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

Christopher L. Wiggner

REGISTERED AGENT MUST SIGN

Date 03/12/09

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
mgr	Christopher L. Wiggner	243 W Orlando St	Orlando FL 32804
50014615953E 03/18/09--01038--006 **417.00			
REINSTATEMENT Without Penalty 2007-2009 up 3/25			

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

Christopher L. Wiggner

Date 03/12/09 Daytime Phone # 407-401-3408

Typed or printed name of signing Managing Member/Manager