

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 28 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L06000082612

1. Limited Liability Company's Name

Michael Farley Flooring "LL"

WD9-17668

900158829639
07/23/09--01004--005 **416.25
CR2E041 (10/08)

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

12243 CHASTAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

12243 CHASTAIN ST

Suite, Apt. #, etc.

City & State

SPRINGHILL FL

Zip

34609

Country

USA

City & State

SPRINGHILL FL

Zip

34609

Country

USA

4. State/Country of Formation

FL/USA

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

01/07

6. FEI Number

51-0595679

☐ 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

Michael Farley

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

12243 CHASTAIN ST

Suite, Apt. #, Etc.

City

SPRINGHILL FL

State

FL

Zip Code

34609

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**

Michael Farley

REGISTERED AGENT MUST SIGN

Date

4/1/07

☒ 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.

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
Sole Prop Owner	Michael Farley	12243 CHASTAIN ST	SPRINGHILL FL 34609
	L. SELLERS		
	JUL 29 2009		
	EXAMINER		
		REINSTATEMENT	07-09

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**

Michael Farley

Date 4-1-09

Daytime Phone #

352-346-4784

Typed or printed name of signing Managing Member/Manager

Michael Farley