

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 "LLC"

W09-17668

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.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

01/07

City & State

Spring Hill FL

City & State

Spring Hill FL

Zip

34609

Country

USA

Zip

34609

Country

USA

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

Spring Hill 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

Date

4/1/07

REGISTERED AGENT MUST SIGN

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	Spring Hill 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#

352-346-4744

Typed or printed name of signing Managing Member/Manager

Michael Farley