

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000086878

1. Limited Liability Company's Name

FALCON FLOOR COVERING LLC

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

14976 GRASS HOPPER TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

14976 GRASS HOPPER TRAIL

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32310

Country

LEW
USA

City & State

TALLAHASSEE, FL

Zip

32310

Country

LEW
USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

467110970

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

JORGE ALBERTO FALCON

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

14976 GRASS HOPPER TRAIL

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

☒ 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

Jorge Falcon

REGISTERED AGENT MUST SIGN

Date

01/05/2010

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	JORGE A. FALCON	14976 GRASS HOPPER TRAIL TALLAHASSEE, FL 32310	

REINSTATEMENT

2008-2010

11. E-mail Address:

(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

Jorge Falcon
JORGE A. FALCON

Date

1/5/2010

Daytime Phone #

850-766-6392

FILED

10 JAN -5 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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