PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 JAN 22 PM 2:34

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000098553

1. Limited Liability Company's Name
JAMI WHITE FLOORING LLC

900166933939
01/22/10--01003--025 **555.00

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CR2E041 (10/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
13127 STAR RD	13127 STAR RD	FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida: 10/09/2006
City & State: BROOKSVILLE, FL	City & State: BROOKSVILLE, FL	6. FEI Number: 20-5693693 ☐ Applied For ☐ Not Applicable
Zip: 34613 Country: U.S.	Zip: 34613 Country: U.S.	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JAMI WHITE
Street Address (P.O. Box Number is Not Acceptable): 13127 STAR RD
Suite, Apt. #, Etc:
City: BROOKSVILLE State: FL Zip Code: 34613

☑ 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 fee 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: _____ Date: 1-20-10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	JAMI WHITE	13127 STAR ROAD	BROOKSVILLE, FL 34613

REINSTATEMENT 2007-2010

11. E-mail Address: JamiWhiteFlooringLLC@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 608.405, 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: 1-20-10 Daytime Phone #: 352-613-6022

Typed or Printed name of signing Managing Member/Manager: JAMI WHITE