

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 NOV -4 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000109094**

1. Limited Liability Company's Name

TOM FOURNIER FLOORS LLC

700187154857
10/27/10--01035--001 **238.75

CR2E041 (05/10)

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

400 FLAMINGO RD

Suite, Apt. #, etc.

3. Mailing Office Address

400 FLAMINGO RD

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

11-09-2006

6. FEI Number

711033414

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

VENICE, FL

Zip

34293

Country

USA

City & State

VENICE, FL

Zip

34293

Country

USA

8. Name and Address of Current Registered Agent

Name

THOMAS C FOURNIER

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

400 FLAMINGO RD

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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

Thomas C Fournier

REGISTERED AGENT MUST SIGN

Date **10-25-10**

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
MG/AM	THOMAS C FOURNIER	400 FLAMINGO RD	VENICE, FL 34293

REINSTATEMENT **10/2**

11. E-mail Address: **TOM.FOURNIER@YAHOO.COM**

(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

Thomas C Fournier

Date **10-25-10**

Daytime Phone # **941 223-0305**

Typed or printed name of signing Managing Member/Manager

THOMAS C FOURNIER