

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000111517**

1. Limited Liability Company's Name

Millennium flooring LLC **08**

800163726928

12/17/09--01040--007 **278.00

CR2E041 (11/09)

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

4931 eastway Dr

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

4931 eastway Dr

Suite, Apt. #, etc.

N/A

City & State

Orlando .fl.

City & State

Orlando .fl

Zip

32712

Country

USA

Zip

32712

Country

USA

4. State/Country of Formation

USA . fl

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

205762531

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

Rocky T. Christian

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

4931 eastway dr

Suite, Apt. #, Etc.

N/A

City

Orlando

State

FL

Zip Code

32712

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **Dec 14 2009**

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
MEM	Rocky T Christian	4931 eastway dr	Orlando .fl. 32712
REINSTATEMENT 2008-2009			
without Penalty			
up 12/18			
CUS			

11. E-mail Address: **www.RockyChristian@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

[Signature]

Date **Dec 14 2009**

Daytime Phone #

407-860-5909

Typed or printed name of signing Managing Member/Manager

Rocky T. Christian