

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 16 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000112448

1. Limited Liability Company's Name

Jason Craig Flooring LLC

CR2E041 (12/07)

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

1200 Tampa Dr
Tallahassee FL

Suite, Apt. #, etc.

3. Mailing Office Address

1200 Tampa Dr.

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32311

Country

FL

City & State

Zip

Country

4. State/Country of Formation

FL - Tallahassee

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-5897099

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

Jason Craig

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

1200 Tampa Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

☒ 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

Jason Craig

REGISTERED AGENT MUST SIGN

Date 9-16-08

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
MEMBER	Jason Craig	1200 Tampa Dr.	Tallahassee FL

800136154718
09/19/08--01056--008 **227.50

REINSTATEMENT

08-08

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

Jason Craig

Date 9-16-08

Daytime Phone # 850-2304473

Typed or printed name of signing Managing Member/Manager