

FILING CANCELLED  
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 NOV 19 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/19/10--01002--002 \*\*377.50

CR2E041 (05/10)

DOCUMENT # L06600112448

1. Limited Liability Company's Name

Jason Craig Flooring LLC  
3957 Magellen Tr.  
State, Apt. #, etc.

City & State

Tallahassee FL

Zip Country

32303 FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

11-21-06

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)

3957 Magellen Tr.

State, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

REINSTATEMENT

2009-10 Rem

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 11-19-10

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
in GRM	Jason Craig	3957 Magellen Tr.	Tallahassee, FL

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 Jason Craig

Date 11-18-10

Daytime Phone # 850-320-4403

Typed or printed name of signing Managing Member/Manager