

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 SEP 27 PM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L07000036220

1. Limited Liability Company's Name

Carpets and Interiors LLC

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

2248 South 8th Street
Suite, Apt. #, etc.

3. Mailing Office Address

2248 South 8th Street
Suite, Apt. #, etc.

4. State/Country of Formation

Florida - Nassau

5. Date Organized or Qualified
To Do Business in Florida

4-5-07

6. FEI Number

20-8779224

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Fernandina Beach, Florida

Zip

32034

Country

Nassau

City & State

Fernandina Beach, Florida

Zip

32034

Country

Nassau

8. Name and Address of Current Registered Agent

Name

Jane M. Shaff

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

2248 South 8th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

E-mail Address:

700252070397
09/25/13--01032--001 **298.75

CAROL CPT5INT5@BellSouth.net
(To be used for future annual report notices)

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

Jane M. Shaff

Date Sept 23, 13

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Jane M. Shaff</u>	<u>2248 South 8th Street</u>	<u>Fernandina Beach, FL 32034</u>

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Jane M. Shaff

Date Sept 23, 13

Daytime Phone # 904-272-0901

Typed or printed name of signing Managing Member/Manager

K. ASHTON