

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 407000050671

1. Limited Liability Company's Name

Tommy's Wood Flooring LLC

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

359 Madison St.

Suite, Apt. #, etc.

City & State

Port St Joe Fl.

Zip

Country

32456 Gulf

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

5-14-2007

6. FEI Number

590012531

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

Tommy Ray Barnes

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

359 Madison St.

Suite, Apt. #, Etc.

City

Port St Joe

State

FL

Zip Code

32456

☒ 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

5-26-2010

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
mgem	Tommy Ray Barnes	359 Madison St	Port St Joe Fl. 32456

REINSTATEMENT

08-10
GA

11. E-mail Address: TommysWoodFlooring@gmail.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

5-26-2010

Daytime Phone #

850-381-9447

Typed or printed name of signing Managing Member/Manager