

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 DEC 28 PM 2: 53

DOCUMENT # LD7000089839

1. Limited Liability Company's Name

Word of Mouth Flooring LLC.

REINSTATEMENT 2008-09 Jan

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
2550 SW 26th Ave  
Suite, Apt. #, etc.

3. Mailing Office Address  
2550 SW 26th Ave  
Suite, Apt. #, etc.

City & State  
Cape Coral FL  
Zip  
33914  
Country  
USA

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Cape Coral  
Zip  
33914  
Country  
USA

4. State/Country of Formation  
Florida USA

5. Date Organized or Qualified  
To Do Business in Florida 2007

6. FEI Number  
30-0438268  
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  
Sullivan Parnell  
Street Address (P.O. Box Number is Not Acceptable)  
2550 SW 26th Ave  
Suite, Apt. #, Etc.  
C  
City  
Cape Coral  
State  
FL  
Zip Code  
33914

☒ 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 Sullivan Parnell  
REGISTERED AGENT MUST SIGN

Date 12-17-09

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>700163344407</u> <u>12/24/09 - 01043- 002 **277.50</u>

11. E-mail Address: luckystar26@MSN.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 Sullivan Parnell

Date 12-17-09

Daytime Phone # 239-432-3802

Typed or printed name of signing Managing Member/Manager

Cel 239-834-9816