

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 PM 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162311388
10/29/09--01026--012 **299.99

CR2E041 (10/08)

DOCUMENT # L07000106988

1. Limited Liability Company's Name

Woodruff Floor Covering L.L.C.

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

239 Washington Ave

Suite, Apt. #, etc.

City & State

Lake Mary, FLA

Zip

32746

Country

USA

3. Mailing Office Address

PO Box 951194

Suite, Apt. #, etc.

City & State

Lake Mary, FLA

Zip

32795-1194

Country

USA

4. State/Country of Formation

FLA - USA

5. Date Organized or Qualified
To Do Business in Florida

10-22-2007

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Darrell Woodruff

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

239 Washington Ave

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

Darrell Woodruff

REGISTERED AGENT MUST SIGN

Date 10-26-09

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
MEM	Darrell Woodruff	239 Washington Ave	Lake Mary, FL 32746

800162311388
10/29/09--01026--013 **77.51

REINSTATEMENT -08-09

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

Darrell Woodruff

Date 10-26-09

Daytime Phone # 407-416-0045

Typed or printed name of signing Managing Member/Manager

Darrell Woodruff

C.S.