

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

11 FEB -2 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 608000024708

Angles Flooring LLC

#38 Hopkins LN.
Suite, Apt. #, etc.

PO BOX 214
Suite, Apt. #, etc.

Greensboro Fla
Zip 32330 Country

Greensboro Fl.
Zip 32330 Country

3/10/2008

3/10-2008

951767369

Not Applicable

**\$5.00 Additional Fee required
for a Certificate of Status**

Miguel Angeles Ramirez

#38 Hopkins LN.
Suite, Apt. #, Etc.

c. *Miguel S.R.*

FL

32330

Signature of
Registered Agent

REGISTERED AGENT MU

REGISTERED AGENT MUST SIGN

Date _____

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Miguel Angeles Ramirez	PO BOX 214	Greensboro FL 3230

REINSTATEMENT 2010 + 2011

(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

Date 02-02-11

Daytime Phone # 820-321-5408

Typed or printed name of signing Managing Member/Manager