

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 FEB 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000020734

1. Limited Liability Company's Name

Spich-N-Span Carpet Man LLC

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

324 Glenview rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32303

Country

Leon

3. Mailing Office Address

324 Glenview rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32303

Country

Leon

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Steven A. Tucher

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

324 Glenview

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

300222883173
02/17/12--01012--002 **\$77.50

300222883173
02/17/12--01012--003 **\$138.75

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

St T

Date 2-17-12

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>MEM</u>	<u>Steven Tucher</u>	<u>324 Glenview</u>	<u>Tallahassee FL 32303</u>

REINSTATEMENT
2010-2012

J. SAULSBERRY
EXAMINER

FEB 17 2012

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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

St T

Date 2-17-12

Daytime Phone #

850-251-6498

Typed or printed name of signing Managing Member/Manager

Walt