

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -6 AM 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000001992

1. Limited Liability Company's Name

ROSENFELD CARPET, LLC.

CR2E041 (1/11)

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

17634 TIFFANY TRACE DR

Suite, Apt. #, etc.

3. Mailing Office Address

17634 TIFFANY TRACE DR

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

USA

City & State

BOCA RATON, FL

Zip

33487

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida JAN 6, 2010

6. FEI Number

27-1706636

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 B. DOLCHIN

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

3864 SHERIDAN ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

E-mail Address:

700212954917

10/05/11--01024--006 **238.75

ROSENFELD CARPET@AOL.COM
(To be used for future annual report notices)

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]

Date

10/3/11

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
MGRM	MARK ROSENFELD	17634 TIFFANY TRACE DR.	BOCA RATON, FL 33487
MGR	CAROL ROSENFELD	17634 TIFFANY TRACE DR.	BOCA RATON, FL 33487

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. 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

[Signature]

Date

9/30/11

Daytime Phone #

561-350-6865

Typed or printed name of signing Managing Member/Manager