

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

14 APR 10 AM 11:58

SECRETARY OF STATE
FLORIDA



LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L10000042618

Airborne flooring LLC

CR2E041 (1/14)

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

13 Bay Pine Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

City & State

Crawfordville, FL

City & State

Zip

Country

32327

Zip

Country

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

Misty Attwell

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

13 Bay Pine Dr

Suite, Apt. #, Etc.

100258889251
04/10/14--01014--023 **\$377.50

City

Crawfordville FL

State

Zip Code

FL 32327

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Misty Attwell

Date 4-10-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Ambr	John Wesley Brown	13 Bay pine Dr	Crawfordville, FL 32327
Amber	Jack Cardin	13 Bay pine Dr	Crawfordville, FL 32327

11. E-mail Address

Airborne flooring@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Misty Attwell

Date 4-10-14

Daytime Phone # 850-445-2592

Typed or printed name of signing Authorized Representative/Manager

Misty Attwell

PC 4/10/14