

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 OCT -1 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000102185 1. Entity Name FULMENCIO FLOORS COVER LLC	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 38 HOTKINS LN GREENSBORO, FL 32330	Mailing Address PO BOX 214 GREENSBORO, FL 32330
------------------------------------------------------------------------------	---------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---------------------------------------------------------------------------	-----------------------------------------------

City & State	City & State	4. FEI Number 45-4172629	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--------------------------------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
-----	---------	-----	---------	-------------------------------------------------------------------------------------------------


 10012013 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent SOLIS, FULMENCIO T 38 HOTKINS LN GREENSBORO, FL 32330	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *F. Prathe* DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50	Make check payable to Florida Department of State
------------------------------------------------------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SOLIS, FULMENCIO T P.O. BOX 214 GREENSBORO, FL 32330	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 700252300157 10/02/13--01001--023 ***238.75 </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	OCT 01 2013 S. PRATHE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *F. Prathe* Date _____ E-MAIL ADDRESS _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS