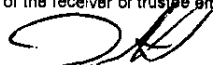


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 APR 14 PM 12:18

STATE  
OF FLORIDA

DOCUMENT # L11000138685					
1. Entity Name ADV FLOORING PROFESSIONALS, LLC					
Principal Place of Business 1995 EDELLE ROAD TALLAHASSEE, FL 32305			Mailing Address 1995 EDELLE ROAD TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 45-4006344	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAIFLEY, TIM 1995 EDELLE ROAD TALLAHASSEE, FL 32305			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 		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$377.50</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAIFLEY, TIM 1995 EDELLE ROAD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2 style="margin: 0;">REINSTATEMENT</h2> <p style="font-size: 2em; margin: 0;">2013 - 2014</p> <p style="font-size: 1.2em; margin: 0;">500258897785 04/14/14--01007--024 **377.50</p>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAIFLEY, STEPHAN 1995 EDELLE ROAD TALLAHASSEE, FL 32305	<input checked="" 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	
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: 		Date		E-MAIL ADDRESS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		E-MAIL ADDRESS	