
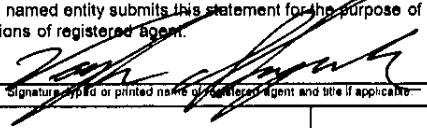



2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AS
FILED

13 OCT -4 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000022858 1. Entity Name VA FLOORING AND REMODELING, LLC					
Principal Place of Business 6547 HUGH ROAD TALLAHASSEE, FL 32309			Mailing Address 6547 HUGH ROAD TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 10042013 REIN-LLC CR2E101 (12/11)		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent ATAYANTS, VAGHAN 6547 HUGH ROAD TALLAHASSEE, FL 32309			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  <small>Signature of Registered Agent or printed name of authorized agent and title if applicable</small>		DATE 10-4-13			
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	MGR ATAYANTS, VAGHAN 6547 HUGH ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 10-4-13			
E-MAIL ADDRESS					

REINSTATEMENT

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10/07/13--01001--001 **238.75

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