

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 APR 11 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/13)

DOCUMENT # L12000022858

1. Limited Liability Company's Name

VA Flooring and Remodeling LLC

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

6547 Hugh Rd

Suite, Apt. #, etc.

3. Mailing Office Address

X " " "

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/16/2012

6. FEI Number

504210079

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Tallahassee

City & State

FL

Zip

Country USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Vaghan Atoyants

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

6547 Hugh Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32309

E-mail Address:

800311917548

04/12/18--01801--004 **427.50

Vaghan 80@yahoo.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 605, F.S.

Signature of
Registered Agent

[Signature]

Date 04/11/18

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Vaghan Atoyants	6547 Hugh Rd	TL FL 32309

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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
Authorized Person

[Signature]

Date 04/11/18

Daytime Phone #

Typed or printed name of signing Authorized Person

RE 4/11/18