

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

REVISED
10/15/16
FLD

16 OCT 19 PM 1:51

SECRETARY OF STATE
TALLahassee FLORIDA



DOCUMENT # L12000042401					
1. Entity Name JAMES MCIVER FLOORING LLC					
Principal Place of Business 543 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327			Mailing Address 543 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		10192016 REIN-LLC CR2E101 (12/11)	
Zip		Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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		
MCIVER, JAMES 543 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327			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 10/20/16	
FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10.		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCIVER, JAMES E 543 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800291420588 10/19/16--01008--010 **238.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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	
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			REINSTATEMENT		
			OCT 19 2016		
			R. HUNT		
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:		(NOTE: Registered Agent signature required when reinstating)		DATE 10/20/16	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				E MAIL ADDRESS	