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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13000001045

1. Limited Liability Company's Name

VELOCITY FLOOR COVERING, LLC

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

6271 57th Ave N

Suite, Apt. #, etc.

3. Mailing Office Address

6271 57th Ave N

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33709

Country

US

Zip

33709

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

01/03/2013

6. FEI Number

46-1674704

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

FILED 15 MAR 16 AM 10:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200270678652

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

*Courtney Williams*

Courtney Williams

Asst. Vice President

Date 03.16.15

REGISTERED AGENT SIGNATURE

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Daniel J. Palomino	6271 57th Ave N	St Petersburg, FL 33709

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 section 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Daniel J. Palomino*

Date 3/13/2015

Daytime Phone # 727-678-5697

Typed or printed name of signing Authorized Representative/Manager Daniel J. Palomino

RG 3/16/15

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

FILED  
15 MAR 16 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195  
REFERENCE : 534747 7918472  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$377.50

ORDER DATE : March 10, 2015  
ORDER TIME : 9:0 AM  
ORDER NO. : 534747-010  
CUSTOMER NO: 7918472

RECEIVED  
DEPARTMENT OF STATE  
15 MAR 16 AM 10:55

DOMESTIC FILINGS

NAME: VELOCITY FLOOR COVERING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_