

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 JUN 26 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000133218	
1. Entity Name FORREAL FLOORING AND CUSTOM RENOVATIONS LLC	

Principal Place of Business 102 EAGLES RIDGE DR. CRAWFORDVILLE, FL 32327	Mailing Address 102 EAGLES RIDGE DR. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # 11001 Bright Star Cir	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

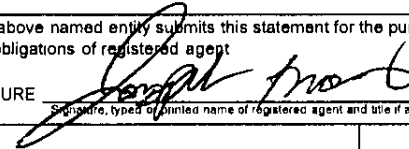
City & State 32302 Tallahassee	City & State
Zip 32302	Country

06262015 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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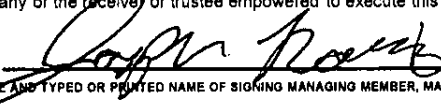
6. Name and Address of Current Registered Agent PARKER, KYLE 102 EAGLES RIDGE DR. CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Joseph Norris Street Address (P.O. Box Number is Not Acceptable) 11001 Bright Star Cir Tallahassee FL 32327 City FL Zip Code
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8. 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 	DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKER, KYLE 102 EAGLES RIDGE DR. CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300274484863 06/29/15--01001--018 **377.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORRIS, JOEY 114 NEWTON ROAD CRAWFORDVILLE, FL 32327 <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
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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		

JUN 26 2015