

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

Corporation
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS 000004682

1. Limited Liability Company's Name

g and l flooring inc

2. Principal Office Address - No P.O. Box #
5724 salt springs rd

Suite, Apt. #, etc.

City & State
port richiey florida

Zip
34668

Country
usa

3. Mailing Office Address
5724 salt springs rd

Suite, Apt. #, etc.

City & State
port richiey florida

Zip
34668

Country
usa

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9-2005

6. FEI Number
03-0567836

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
lisa carter

Street Address (P.O. Box Number is Not Acceptable)
5724 salt springs rd

Suite, Apt. #, Etc.

City
port richiey florida

State
FL

Zip Code
34668

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent Lisa Carter
REGISTERED AGENT MUST SIGN

Date 10/22/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Lisa Carter	5724 Salt Springs Rd	Port Richey FL. 34668.

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager Lisa Carter

Date 10/22/07

Daytime Phone 813-598-3797

Typed or printed name of signing Managing Member/Manager

07 NOV 05 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100111401661
10/26/07--01058--015 **150.00

REINSTATEMENT 06-07

Wsp

1001112048141
11/06/07--01053--014 **150.00