


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 24 AM 10: 38

<b>DOCUMENT # L04000094381</b> 1. Entity Name <b>CLASSIC TILE &amp; MARBLE, L.L.C.</b>			
Principal Place of Business <b>1083 PINE ISLE LANE NAPLES, FL 34112</b>		Mailing Address <b>1083 PINE ISLE LANE NAPLES, FL 34112</b>	
2. Principal Place of Business <b>8280 IBIS COVE CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>8280 IBIS COVE CIR</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34119</b> Country <b>U.S.A.</b>		Zip <b>34119</b> Country <b>U.S.A.</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOLDOVAN, MARINEL</b> <b>1083 PINE ISLE LANE</b> <b>NAPLES, FL 34112</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>MOLDOVAN, MARINEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8280 IBIS COVE CIR</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34119</b>	
<b>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.</b> SIGNATURE <u>MARINEL MOLDOVAN</u> DATE <u>10/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>MOLDOVAN, MARINEL</b> STREET ADDRESS <b>1083 PINE ISLE LANE</b> CITY-ST-ZIP <b>NAPLES, FL 34112</b>	TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MOLDOVAN, MARINEL</b> STREET ADDRESS <b>8280 IBIS COVE CIR</b> CITY-ST-ZIP <b>NAPLES, FL, 34119</b>	TITLE NAME <b>600081151686</b> STREET ADDRESS <b>10/24/06--01040--008 **50.00</b> CITY-ST-ZIP	TITLE NAME <b>REINSTATEMENT 2006</b> STREET ADDRESS CITY-ST-ZIP
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<b>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.</b>			
<b>SIGNATURE: MARINEL MOLDOVAN</b>		Date <u>10/20/06</u> (239) 293 5261	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	