

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000014810
Name and Mailing Address

0003133 01 AT 0.292 **AUTO T4 0 0615 32778-352520



LAKESIDE TUB & TILE REFINISHING LLC
1320 LAKE DORA DR
TAVARES FL 32778-3525



7/13

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1320 LAKE DORA DR TAVARES FL 32778		5. Date Organized or Qualified To Do Business in Florida 11/30/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3687612	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent ARNOLD MATHENY & EAGAN PA 801 N MAGNOLIA AVE SUITE 201 ORLANDO FL 32802		9. Name and Address of New Registered Agent Name <u>RAY ABRAMS</u> Street Address (P.O. Box Number, if Applicable) <u>1320 LAKE DORA DR</u> City <u>TAVARES</u> State <u>FL</u> Zip <u>32778</u>	
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10. 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 [Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 7/7/09

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ABRAMS, RAY P	1320 LAKE DORA DRIVE	TAVARES FL 32778
MGR	ABRAMS, MARTHA R	1320 LAKE DORA DRIVE	TAVARES FL 32778

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REINSTATEMENT

2003
2004

12. 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 [Signature] **SIGNATURE REQUIRED**

Date 7/7/09

Daytime Phone # 352 742 9602

Typed or printed name of signing Managing Member/Manager