

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006290

1. Limited Liability Company's Name
L01000006290

Tile and Marble Depot, LLC

2. Principal Office Address
6742 Edgeworth Dr.

Suite, Apt. #, etc.

City & State

Florida

Zip

32819

Country

USA

3. Mailing Office Address

6742 Edgeworth Dr.

Suite, Apt. #, etc.

City & State

Florida

Zip

32819

Country

USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3729904

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

500022554335
08/25/03--01099--005 **150.00
2003

8. Name and Address of Current Registered Agent

Name

Roberto A. Carneiro

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

6742 EDGEWORTH DR.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Roberto A. Carneiro
REGISTERED AGENT MUST SIGN

Date August 18, 2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROBERTO A. CARNEIRO FILHO	6742 EDGEWORTH DR.	ORLANDO - FLORIDA 32819

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

Roberto A. Carneiro

Date 08/18/03 Daytime Phone 407-370-3532

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)