

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01000010449**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 23 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000010449**

1. Limited Liability Company's Name

**Tilecrafters & Designs, LLC** *BK*

2. Principal Office Address

**4017 Swift Rd**

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

Zip

**34231**

Country

**USA**

3. Mailing Office Address

**- Same -**

Suite, Apt. #, etc.

City & State

**- Same -**

Zip

**-**

Country

**-**

4. State/Country of Formation

**Sarasota, Florida**

5. Date Organized or Qualified To Do Business in Florida

**6/2001**

6. FEI Number

**65117540**

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

**Stephen E. Bebbler - Managing Member**

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

**4017 SWIFT RD.**

Suite, Apt. #, Etc.

City

**Sarasota, FL**

State

**FL**

Zip Code

**34231**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3/23/04**

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
<del>Managing Member</del>	<del>Seth Fleming</del>	<del>4017 SWIFT RD</del>	<del>Sarasota, FL 34231</del>
MGRM	STEPHEN E. BEBBER	4017 SWIFT ROAD SARASOTA, FL 34231	400032013124 04/06/04--01066--003 **150.00
			400032013124 04/06/04--01066--004 **50.00
			400032013124 05/10/04--01089--005 **55.00
<b>REINSTATEMENT 2003-2004</b> <i>BK</i>			

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

*[Signature]*

Date

**3/23/04**

Daytime Phone #

**941-926-0222**

Typed or printed name of signing Managing Member/Manager

**STEPHEN E. BEBBER**

CR2E041 (10/02)