

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FILING A DOCUMENT ON STATE
Gloria E. Hood
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

03 NOV 13 AM 10:54

12/01

1. DOCUMENT # L02000002749

Name and Mailing Address

0010248 01 AT 0.292 **AUTO T7 3 0615 33776-350077



STONECRAFTERS TILE & MARBLE INSTALLATION, L.L.C.
13144 PARK BLVD., STE. E
SEMINOLE FL 33776-3500



REINSTATEMENT 2003

CR2E034 (7/03)

2. New Mailing Address

3120 39th Ave. North

St. Petersburg, FL 33714

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 02/05/2002

Principal Place of Business
13144 PARK BLVD., STE. E
SEMINOLE FL 33776

3. New Principal Place of Business Address

3120 39th Ave. North

St. Petersburg, FL 33714

6. FEI Number
01-0625952

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

VAN ALCHIN, ANTHONY
13144 PARK BLVD., STE. E
SEMINOLE FL 33776

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 REQUIRED

Date 10-30-03

REGISTERED AGENT MUST SIGN

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
MGR	VAN ALCHIN, ANTHONY	13144 PARK BLVD., STE. E	SEMINOLE FL 33776
MGR	WALTER, RANDALL F	13144 PARK BLVD., STE. E	SEMINOLE FL 33776
REINSTATEMENT 2003			
300024640033			
11/13/03 01051 024			
155.00			

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 REQUIRED

Date 10-30-03 Daytime Phone # 727-528-2883

Typed or printed name of signing Managing Member/Manager