

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAY -6 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003075

1. Limited Liability Company's Name

Artisan Stone Experience, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

1225 Fruitville Rd

3. Mailing Office Address

1225 Fruitville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/07/02

6. FEI Number

02-0586154

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

Gates, Chad L

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

1680 Fruitville Rd

Suite, Apt. #, Etc.

102

City

Sarasota

700035725607

05/06/04--01076--001 **\$0.00

700035725607

05/06/04--01076--002 **\$150.00

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date

4/6/04

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
MGRM	Mark S. Miller	1225 Fruitville Rd	Sarasota, FL 34236
		2003-	
	REINSTATEMENT	2004	
			5/17/04

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

Date 4/2/04

Daytime Phone# 941-366-9936

Typed or printed name of signing Managing Member/Manager Mark S. Miller

CREEM1 (10/02)