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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

03 DEC 26 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000012979

Name and Mailing Address

0013938 01 AT 0.292 **AUTO T1 0 0615 33905-184215



INNOVATIVE TILE INSTALLATION, LLC
13515 ISLAND ROAD
FT. MYERS FL 33905-1842

000025770960
12/26/03--01031--024 **150.00



2. **New Mailing Address**

13515 ISLAND RD
City, State, Zip
FT MYERS FL 33905

4. **State/Country of Formation**
FL

5. **Date Organized or Qualified To Do Business in Florida** 05/28/2002

Principal Place of Business
13515 ISLAND ROAD
FT. MYERS FL 33905

3. **New Principal Place of Business Address**

City, State, Zip

6. **FEI Number** 300089366
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**

KETCHUM, SCOTT M ESQ.
692 GOODLETTE ROAD NORTH
NAPLES FL 34102

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

Scott M Ketchum
REQUIRED
REGISTERED AGENT MUST SIGN

Date

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	MARTINEZ, KRISTEN R	13515 ISLAND ROAD	FT. MYERS FL 33905
MGRM	MARTINEZ, JEREMY C	13515 ISLAND ROAD	FT. MYERS FL 33905

REINSTATEMENT 03

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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

Scott M Ketchum
REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)