

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 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035002

Name and Mailing Address

0002330 01 AT 0.292 **AUTO T1 0 0615 32503-201120



TILE SAVERS OF PENSACOLA, L.L.C.
5620 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503-2011



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/24/2002

Principal Place of Business
5620 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 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

CASH, DANIEL A
7057 LONGLEAF CREEK DRIVE
PENSACOLA FL 32526

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
REGISTERED AGENT MUST SIGN

Date 10-27-03

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	CASH, DANIEL A	7057 LONGLEAF CREEK DRIVE	PENSACOLA FL 32526

100024328531
10/31/03--01022--003 **\$5.00

REINSTATEMENT

03
dce

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 10/27/03 Daytime Phone # 850 494-9111

Typed or printed name of signing Managing Member/Manager

2 of 2

Tile Savers of Pensacola, LLC

5620 N. Davis Hwy
Pensacola, FL 32503
850-494-9111

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee FL 32314-6327

10-25-03

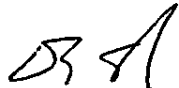
RE: L02000035002 Request for Reinstatement

Please note,

I assure you I have not received any such notification concerning the State's intent to dissolve my limited liability company. It certainly would have compelled me to take immediate notice and swift action.

After having discussed this issue with one of your employees (1-850-245-6051), I was relieved to find that I could tender this explanatory letter, poignantly request forgiveness, and submit a check for \$50.00 to resolve this matter and renew my status.

Please accept my sincerest apology for any oversight and/or shortcomings on my behalf.



D. A. Cash
President,
Tile Savers of Pensacola, LLC