

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUL 13 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100106268431

07/17/07--01030--007 \*\*150.00

CR2E041 (1/07)

DOCUMENT # L0300001987

1. Limited Liability Company's Name

Picture Perfect Tile Design  
LLC

2. Principal Office Address - No P.O. Box # PO

27390 Gopher Hill  
Suite, Apt. #, etc.

3. Mailing Office Address

27390 Gopher Hill Rd  
Suite, Apt. #, etc.

City & State

Myakka FL

City & State

Myakka FL

Zip

34251

Country

Manatte

Zip

34251

Country

Manatte

4. State/Country of Formation

FL Minnesota

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

582626704

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

John Eric Godwin

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

27390 Gopher Hill Rd

Suite, Apt. #, Etc.

City

Myakka

State

FL

Zip Code

34251

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

John E. Godwin

REGISTERED AGENT MUST SIGN

Date 6-24-07

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
<u>mgrm</u>	<u>John Eric Godwin</u>	<u>27390 Gopher Hill Rd</u>	<u>Myakka FL 34251</u>

REINSTATEMENT  
05, 07

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

John E. Godwin

Date 6-24-07

Daytime Phone #

941 586 9844

Typed or printed name of signing Managing Member/Manager

John Eric Godwin