

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 12 AM 9:59

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|---|--|--|---|--|--|
| DOCUMENT # L03000047697 1. Entity Name BOBBY DUBOSE TILE, LLC | | | |  | |
| Principal Place of Business 8565 THAMES RD. BAKER, FL 32531 | | | Mailing Address 8565 THAMES RD. BAKER, FL 32531 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 10072005 REIN-LLC CR2E101 (6/04) 4. FEI Number <div style="border: 1px solid black; padding: 2px;">45-0528287</div> <div style="border: 1px solid black; padding: 2px;">Applied For Not Applicable</div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent DUBOSE, BOBBY 8565 THAMES RD. BAKER, FL 32531 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Bobby DuBose</i></u> DATE <u>10/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DUBOSE, BOBBY 8565 THAMES RD. BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 07/20/05 - 90066-012 - \$50.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DUBOSE, DONALD 8565 THAMES RD. BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>Bobby DuBose</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 10/7/05 850-830-4862 <small>Date Daytime Phone #</small> | | |

REINSTATEMENT 2005