PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 AM 10: 40

DOCUMENT # *L0300005/003*

1. Limited Liability Company's Name

TOTAL TILE INSTALLATIONS LLC

CR2E041 (8/05)

2. Principal Office Address
160 E 2ND ST.

Suite, Apt. #, etc.

City & State *Chuluota FL*

Zip *32766* Country *Seminole*

3. Mailing Office Address
160 E 2ND ST.

Suite, Apt. #, etc.

City & State *Chuluota FL*

Zip *32766* Country *Seminol*

4. State/Country of Formation
SEMINOLE

5. Date Organized or Qualified To Do Business in Florida *11-25-03*

6. FEI Number *20-0473436* | 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 *DEREK JOHNS*

Street Address (P.O. Box Number is Not Acceptable) *160 E 2ND STREET*

Suite, Apt. #, Etc.

City *Chuluota* | State **FL** | Zip Code *32766*

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
MGR	*DEREK JOHNS*	*160 E 2ND STREET*	*Chuluota FL*
		4.000075969154 06/09/06--01005--004 **250.00	
		REINSTATEMENT *04-06*	

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 *4-12-06* Daytime Phone # *407-365-6903*

Typed or printed name of signing Managing Member/Manager _____