

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000054157

1. Limited Liability Company's Name

KIERAN WALSH TILE, LLC

100156670651
06/02/09--01021--010 **516.25

CR2E041 (10/08)

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

8965 107TH COURT

3. Mailing Office Address

8965 107TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FLORIDA

Zip

32967

Country

USA

Zip

32967

Country

USA

4. State/Country of Formation

FLORIDA /USA

5. Date Organized or Qualified
To Do Business in Florida

12/17/2003

6. FEI Number

510494345

☐ 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

KIERAN WALSH

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

8965 107TH COURT

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

☐ 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

REGISTERED AGENT MUST SIGN

Date 5-26-09

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	KIERAN WALSH	8965 107TH COURT	VERO BEACH, FL 32967

REINSTATEMENT 2007-09 JB

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 808.406, 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 5-26-09

Daytime Phone # 561 715 9097

Typed or printed name of signing Managing Member/Manager

Kieran Walsh