PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS LIMITED LIABILITY 06 APR -7 AM 9: 17 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 6030000\$54864 DOCUMENT # 1. Limited Liability Company's Name Julio Santo's Tile - Marble LLC CR2E041 (8/05) 2. Principal Office Address 3. Mailing Office Address 2002 E Seward 2002 E Seward Avr 4. State/Country of Formation **5.** Date Organized or Qualified To Do Rusiness in Till Suite, Apt. #, etc. To Do Business in Florida City & State City & State 6. FEI Number Applied For Jamos 20-0508328 Not Applicable Country \$5.00 Additional Fee required 33604 33604 CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2002 E Soward Suite, Apt. #, Etc. City Zip Code 33 60 9 ampe 9. I, being appointed the registered agent of the above named limited in bility company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager 2002 E. Savard Are Tamp: FC 33604 MCR 500070433705 04/14/06--01019--018 **250.00 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. _____ Date 4 - 3 - 0 G Daytime Phone # 727 - 0968 Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager