PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 9:17

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000054864

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 Ave		2002 E Seward	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa FL		City & State: Tampa FL	
Zip: 33604	Country:	Zip: 33604	Country:

4. State/Country of Formation: FLA / USA

5. Date Organized or Qualified To Do Business in Florida: 12/22/03

6. FEI Number: 20-0508328 ☐ 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: Julio Santos

Street Address (P.O. Box Number is Not Acceptable): 2002 E Seward Ave

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33604

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: Julio Santos
REGISTERED AGENT MUST SIGN

Date: _____

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	Julio Santos	2002 E. Seward Ave	Tampa FL 33604

500070433705
04/14/06--01019--018 **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: Julio Santos Date: 4-3-06 Daytime Phone #: 727-0968

Typed or printed name of signing Managing Member/Manager: _____