

**2007 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

DOCUMENT #L03000056848

1. Entity Name  
PRECISION TILE & MARBLE LLC



Principal Place of Business  
1719 MAHOGANY DR.  
ORLANDO, FL 32825

Mailing Address  
1719 MAHOGANY DR.  
ORLANDO, FL 32825

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL  
33436

City & State

Boynton Beach FL  
33436

Country  
US

Zip

Country

Zip

6. Name and Address of Current Registered Agent

MITTERBACH, KIRK  
1719 MAHOGANY DR.  
ORLANDO, FL 32825

4. FEI Number

02282007 REIN-LLC

CR2E101 (1/07)

42-1614860

Applied For  
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-07

FILE NOW!!! FEE IS \$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

MGRM  
MITTERBACH, KIRK  
1719 MAHOGANY DR.  
ORLANDO, FL 32825

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

7769 minor Forest Lane  
Boynton Beach, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

300092643553  
03/14/07-01045--023 \*\*105.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

REINSTATEMENT 06-07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-8-07

FILED

2007 MAR 12 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

