FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY 12 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000000060

1. Limited Liability Company's Name: Chriss Tile Repair, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4694 Holiday	4694 Holiday
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Cir North
City & State: W.P.B FL	City & State: W.P.B FL
Zip: FL Country: Palm Beach	Zip: 33415 Country: Palm Beach

4. State/Country of Formation: Fla

5. Date Organized or Qualified To Do Business In Florida: Dec 22 2003

6. FEI Number: 34-4545635 ☐ 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: APostolou, Christopher

Street Address (P.O. Box Number Is Not Acceptable): 4694 Holiday Cir North

600074537786
05/15/06--01005--001 **150.00

Suite, Apt. #, Etc.:

City: W.P.B FL State: FL Zip Code: FL 33415

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: Christopher Apostolou
REGISTERED AGENT MUST SIGN

Date: 4-20-06

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
M.G.R.	Christopher Apostolou	~~4694 Holiday Cir North~~	FL
		4694 Holiday Cir North	W.P.B FL 33415

REINSTATEMENT 2004-2006

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 608.408, 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: CHRISTOPHER APOSTOLOU Date: 4-20-2006 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: