

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 21 PM 3:56

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09/21/07--01054--001 **250.00

CR2E041 (1/07)

DOCUMENT # L04000001639

1. Limited Liability Company's Name

ANYTHING TILEWORKS L.L.C.

6007-45067

2. Principal Office Address - No P.O. Box #
2213 Murdock Blvd.

3. Mailing Office Address
2213 Murdock Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL.

City & State
Orlando, FL.

Zip
32817

Country
Orange

Zip
32817

Country
Orange

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/01/2004

6. FEI Number
200542044

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
Robert S. Carbonneau

Street Address (P.O. Box Number is Not Acceptable)
2213 Murdock Blvd.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32817

☐ 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

Robert S. Carbonneau

REGISTERED AGENT MUST SIGN

Date 08/31/2007

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
MEM	Robert S. Carbonneau	2213 Murdock Blvd	Orlando FL 32817

REINSTATEMENT

2005-2007

BLT BLT

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

Robert S. Carbonneau

Date 9-17-07

Daytime Phone # 407-470-4270

Typed or printed name of signing Managing Member/Manager Robert S. Carbonneau