

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 AUG -5 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000002743

1. Limited Liability Company's Name

Bryant's Custom Tile, LLC.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

5552 Denargo Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5552 Denargo Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

Country

32303 Leon

Zip

Country

32303 Leon

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

01-12-04

6. FEI Number

593280197

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

Matthew D. Bryant

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

5552 Denargo Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

400210777104  
08/08/11--01001--010 \*\*E96.45

382.50

(To be used for future annual report notices)

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

Matthew D. Bryant

Date

08-05-11

REGISTERED AGENT MUST SIGN

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
MGRM	Matthew D. Bryant	5552 Denargo Dr.	Tallahassee, FL 32303
	J. SAULSBERRY EXAMINER	AUG 5 2011	REINSTATEMENT 2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Matthew D. Bryant

Date

08-05-11

Daytime Phone #

850-596-8877

Typed or printed name of signing Managing Member/Manager

Matthew D. Bryant