

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 AUG 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L040000002743**

1. Limited Liability Company's Name

Bryant's Custom Tile LLC

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

5552 Denargo Dr

3. Mailing Office Address

5552 Denargo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

8. Name and Address of Current Registered Agent

Name

Matthew D. Bryant

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

5552 Denargo Drive

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

100276051111

08/14/15--01001--011 **516.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Matthew D. Bryant

Date **08-13-15**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRW	Matthew D. Bryant	5552 Denargo Dr	Tallahassee, FL 32303
REINSTATEMENT			
ALH			
13-15			

11. E-mail Address **Bryant.tile@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Matthew D. Bryant

Date **08-13-15**

Daytime Phone #

850 911-8877

Typed or printed name of signing authorized representative/member

Matthew D. Bryant