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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 25 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000002890

1. Limited Liability Company's Name

Masterpiece Marble Works, LLC

CR2E041 (8/05)

2. Principal Office Address

830 W. THARPE ST.

Suite, Apt. #, etc.

SUITE D

City & State

TALLAHASSEE, FL.

Zip

32303

Country

USA

3. Mailing Office Address

830 W. THARPE ST.

Suite, Apt. #, etc.

SUITE D

City & State

TALLAHASSEE, FL.

Zip

32303

Country

USA

4. State/Country of Formation

FLORIDA / LEON

5. Date Organized or Qualified
To Do Business in Florida

1/12/2004

6. FEI Number

522437241

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

ROGER D. CHRISTIAN

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

830 WEST THARPE ST.

Suite, Apt. #, Etc.

SUITE D

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Date

9/25/2006

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
member	ROGER D. CHRISTIAN	830 W. THARPE ST.	TALLAHASSEE
			800080221648 09/27/06--01049--012 **100.00

REINSTATEMENT

05-06
9-25-06
Christ

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

Date

9/25/06

Daytime Phone #

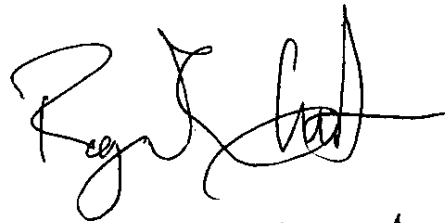
(850) 264-5961

Typed or printed name of signing Managing Member/Manager

2 of 2

I ROGER D. CHRISTIAN —

HAD A HEART ATTACK ON JUNE 6 OR 7 2004
AND MOVED TO PENSACOLA TO BE CARED FOR
BY FAMILY. I DID NOT RECEIVE A NOTICE
CONCERNING ANNUAL REPORT FOR 2005.

A handwritten signature in black ink, appearing to read "Roger D. Christian". The signature is stylized with a large "R" and a long horizontal stroke.

9/25/2006