

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -6 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000003487**

1. Limited Liability Company's Name

TILE DESIGN LLC

100110018971
09/27/07--01037--018 **150.00

CR2E041 (1/07)

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

1923 NW 23rd BLVD.

Suite, Apt. #, etc.

#124

City & State

Gainesville, FL.

Zip

32605

Country

ALACHUA

3. Mailing Office Address

5200 NW 43rd St.

Suite, Apt. #, etc.

Suite 102-162

City & State

Gainesville, FL.

Zip

32606

Country

ALACHUA

4. State/Country of Formation

FLORIDA / ALACHUA

5. Date Organized or Qualified
To Do Business in Florida

1/04?

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Amber Castor

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

1923 NW 23rd BLVD.

Suite, Apt. #, Etc.

#124

City

Gainesville, FL.

State

FL

Zip Code

32605

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

Amber Castor

REGISTERED AGENT MUST SIGN

Date

9/27/07

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
MGR	Amber Castor	1923 NW 23rd BLVD #124	Gainesville, FL-32605

REINSTATEMENT

2006-2007

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

Amber Castor

Date

9/27/07

Daytime Phone #

(352) 284-7721

Typed or printed name of signing Managing Member/Manager

Amber Castor