PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137684726

CR2E041 (12/07)

DOCUMENT # L04000004253

1. Limited Liability Company's Name

MINARIK TILE & DESIGN, LLC

07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2306 DEERCROFT DR.	2306 Deercroft Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE	City & State: Melbourne, Fl
Zip: 32940-6353 Country: FL	Zip: 32940 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 1/15/04

6. FEI Number: 43-2039821 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Doreen Wallace Doreen Wallace Assistant Vice President Date: 11/5/08

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
Managing Member	Joey Minarik	2306 Deercroft Dr.	Melbourne, Fl 32940

REINSTATEMENT 2007-2008

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: Joey Minarik Date: 11-5-08 Daytime Phone #: 321-223-7031

Typed or printed name of signing Managing Member/Manager: Joey Minarik

CORPORATION SERVICE COMPANY

L04000004253

ACCOUNT NO. : 072100000032

REFERENCE : 782197 7416049

AUTHORIZATION :

COST LIMIT : $ ~~40.00~~ (NOT SURE OF FEE)

ORDER DATE : November 5, 2008

ORDER TIME : 3:0 PM

ORDER NO. : 782197-005

CUSTOMER NO: 7416049

377.50

FILED
08 NOV -5 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MINARIK TILE & DESIGN, LLC

RECEIVED
08 NOV -5 PM 4:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS BK