

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 DEC -7 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L04000004512		1. Entity Name <b>ROBERT PAIANO TILE CO., LLC</b>		
Principal Place of Business <b>211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327</b>		Mailing Address <b>211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
City & State		City & State		Country
4. FEI Number <b>35-2222998</b>		Applied For <input type="checkbox"/> Not Applicable		12072006 REIN-LLC CR2E101 (11/05)
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>PAIANO, ROBERT</b> 211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327		Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE <i>Robert Paiano</i>		(NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAIANO, ROBERT 211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200082465462</b> 12/12/06--01017--004 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINZIE, JONATHAN C 163 ROSS RD. TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right; font-size: 1.5em; font-weight: bold;">DB</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: <i>Robert Paiano</i>		Date: <b>12-7-06</b>		Daytime Phone #: <b>251-6982</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				

REINSTATEMENT 2006