## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	ELORIDA DEFAR®MENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 OCT -3	
DOCUMENT # LO 400008466  1. Limited Liability Company's Name  RANDY Pennyton Tile Installation,  LLC			00136340412 5/0801044013 **416.25	
2. Principal Office Address - No P.O. Box # 1/2/4 5 US Huy 44   Suite, Apt. #, etc.	3. Mailing Office Address  Suite, Apt. #, etc.	4. State/Cour	CR2E041 (12/07)	
City & State  Micropy  Zip  Balek 7 Alachur	City & State	To Do Bus  6. FEL Numb	Applied For Applicable  FOR STATUS DESIRED    Applied For Applicable   S5.00 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  State		in circ receive box, you not re	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.	
Signature of Registered Agent Must Sign  REGISTERED AGENT MUST SIGN  Signature of Registered Agent Must Signature Of Regi				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Managers	Street Address of Ea Managing Member/Mar		City / State / Zip	
myrm Randy Penning	Jon 11214 3 US H	y444	Micmopy Fl 3266	
PEINSTATEMENT 2006-08		EMEN 2006-08		
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 9-24-08  Daytime Phone #  Typed or printed name of signing Managing Member/Manager				