

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 29 AM 9:21

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000008751

1. Limited Liability Company's Name

TILE BY THE BEST LLC.

CR2E041 (8/05)

2. Principal Office Address

2595 SOUTHOVER DR. NE

3. Mailing Office Address

2595 SOUTHOVER DR. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

Zip

32905

Country

Zip

32905

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

KEVIN R BEST

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

2595 SOUTHOVER DR. NE

Suite, Apt. #, Etc.

City

PALM BAY

State
FL

Zip Code

32905

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 10/17/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WALTER KNIGHT	2595 SOUTHOVER DR. NE	PALM BAY FL 32905
MGR	ROBERT BEST	2595 SOUTHOVER DR. NE	PALM BAY FL 32905
MGR	TANESHA WASHINGTON	2595 SOUTHOVER DR. NE	PALM BAY FL 32905
MGR	KEVIN BEST SR	2595 SOUTHOVER DR. NE	PALM BAY FL 32905
			100082210001
			12/01/06--01043--006 **100.00
			REINSTATEMENT 05-06

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 agrees satisfying the requirements of section 608.410, 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 10/17/2006

Daytime Phone # 10/17/2006

Typed or printed name of signed Managing Member/Manager

KEVIN R. BEST

DATE: Tuesday, October 17, 2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

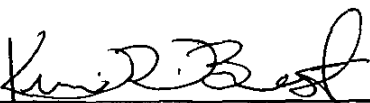
FROM: TILE BY THE BEST L.L.C.
KEVIN R BEST

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR
2005 AND 20006

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 321-426-5815.

THANKS,

x 

KEVIN R BEST, MGR
TILE BY THE BEST L.L.C.