PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000008751

1. Limited Liability Company's Name
TILE BY THE BEST LL.C.

2. Principal Office Address	3. Mailing Office Address
2595 SOUTHOVER DR. NE	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 Applicable

7. 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: X Kevin R. Best
REGISTERED AGENT MUST SIGN

Date: 10/17/2006

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	PALPALM 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

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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 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: X Kevin R. Best Date: 10/17/2006 Daytime Phone #: 10/17/2006

Typed or printed name of signing 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.