

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO4000012175**

1. Limited Liability Company's Name

Pablos Tile LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2607 White SAND'S Dr. 2607 White Sand's Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL.

SARASOTA FL.

Zip

Country

Zip

Country

34231

34231

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02-13-2004

6. F.E. Number

38-3700933

Applied

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

PABLO O. MORALES

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

2607 White SAND'S Drive

Suite, Apt. #, Etc.

City

SARASOTA

State

Zip Code

FL

34231

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/8/07

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
OWNER	Pablo O. Morales	2607 White SAND'S Drive	SARASOTA FL 34231

900091558899
03/07/07--01035--021 **250.00

REINSTATEMENT

05-07

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

[Signature]

Date

2/8/07

Daytime Phone #

(941)

726-1588

Typed or printed name of signing Managing Member/Manager

PABLO O. Morales