

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000012175

1. Limited Liability Company's Name

PABLO'S TILE LLC.

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

1010 North Lockwood ridge Rd

Suite, Apt. #, etc.

Apt. C

City & State

Sarasota Florida

Zip

34237

Country

3. Mailing Office Address

1010 North Lockwood ridge Rd

Suite, Apt. #, etc.

Apt. C

City & State

Sarasota Florida

Zip

34237

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02 / 13 / 2004

6. FEI Number

38-3700933

☐ Applied For

☐ 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)

1010 North lockwood Ridge Road

Suite, Apt. #, Etc.

Apt. C

City

Sarasota

State

FL

Zip Code

34237

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

REGISTERED AGENT MUST SIGN

Date 07 / 09 / 2010

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
mgrm	Pablo O. Morales	1010 North Lockwood Ridge Rd Apt. C	Sarasota Florida 34237

REINSTATEMENT 08-10

11. E-mail Address: morgipa@live.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 07 / 09 / 2010

Daytime Phone # 941-3123257

Typed or printed name of signing Managing Member/Manager

PABLO O. Morales

FILED
10 JUL 15 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

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N. O. Morales 11/10/2010