

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:55

DOCUMENT # **L04000014813**

1. Limited Liability Company's Name

MANNION TILE LLC

2. Principal Office Address

1480 JAMES ST.

Suite, Apt. #, etc.

City & State

NEW Smyrna Bch FL.

Zip

32168

Country

U.S.

3. Mailing Office Address

1480 JAMES ST

Suite, Apt. #, etc.

City & State

NEW Smyrna Bch FL

Zip

32168

Country

U.S.

4. State/Country of Formation

FLORIDA UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida
2-16-04

6. FEI Number

76-0823712

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

JOHN MANNION

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

1480 JAMES ST

Suite, Apt. #, Etc.

City

NEW Smyrna Bch FL.

State

FL

Zip Code

32168

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

John Mannion

REGISTERED AGENT MUST SIGN

Date

12-26-06

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
MGR	JOHN MANNION	1480 JAMES ST.	NEW Smyrna Bch FL. 32168

100082954031
01/03/07--01029--008 **150.00

REINSTATEMENT 2006

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

John Mannion

Date

12-26-06

Daytime Phone #

386-690-0523

Typed or printed name of signing Managing Member/Manager

JOHN MANNION