

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 SEP 24 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000016465

1. Limited Liability Company's Name

Roberts Tile and Marble LLC

300160030943  
08/27/09--01047--005 \*\*238.75

CR2E041 (10/08)

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

600 39th CT SW

Suite, Apt. #, etc.

3. Mailing Office Address

600 39th CT SW

Suite, Apt. #, etc.

City & State

VERO Beach, FL.

City & State

VERO Beach, FL.

Zip

32968

Country

United States

Zip

32968

Country

United States

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified  
To Do Business in Florida

2/18/04

6. FEI Number

20-0760980

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

Brian Roberts

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

600 39th CT SW

Suite, Apt. #, Etc.

City

VERO Beach

State

FL

Zip Code

32968

☐ 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.

09/24/09--01037--001 \*\*147.50

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

Brian Roberts

Date

8/24/09

REGISTERED AGENT MUST SIGN

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	Brian Roberts	600 39th CT SW	VERO Beach, FL. 32968
MGR	Jeffrey Spooner	14190 81st Ave	Sebastian, FL. 32958

REINSTATEMENT 08-09 AL

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

Brian Roberts

Date

8/24/09

Daytime Phone #

772-410-6406

Typed or printed name of signing Managing Member/Manager

Brian Roberts