PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE
DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 06 MAY - 1 AM 11: 06 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L 04000022274 1. Limited Liability Company's Name Zaim Ismali Tile, LLC CR2E041 (8/05) 2. Principal Office Address 3. Mailing Office Address State/Country of Formation Pasco 5. Date Organized or Qualified To Do Business in Florida O4 City & State City & State 6. FEI Number Applied For Not Applicable \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Name Suite, Apt. #, Etc. Zip Code City State FL 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 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Titles City / State / Zip Zzim I ΜМ 5232 Sparrow Dr. 300075107503 05/23/06--01059--011 **200.00 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

Typed or printed name of signing Managing Member/Manager

3/06 Daytime Phone # 727-841-0866