

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

07 FEB -2 AM 10:49

9-16-05  
250.00

DOCUMENT # L 04000022279

1. Limited Liability Company's Name

VAXHID AYDULLAHU TILE, LLC

CR2E041 (1/07)

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

7526 KAREN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

7526 KAREN DR.

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3-23-04

6. FEI Number

☐ 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

VAXHID ABDULLAHU

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

7526 KAREN DR.

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

☐ 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

*Vaxhid Abdullahu*

Date *01-19-07*

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
MGR	VAXHID ABDULLAHU	7526 KAREN DR.	PORT RICHEY FL 34668

800087500466  
02/06/07--01045--016 \*\*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

*Vaxhid Abdullahu*

Date *01-19-07*

Daytime Phone # *727 207-9634*

Typed or printed name of signing Managing Member/Manager

VAXHID AYDULLAHU