

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000028281

1. Limited Liability Company's Name

River Oak Tile LLC

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

639 Coral Trace Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

639 Coral Trace Blvd.

Suite, Apt. #, etc.

City & State

Edgewater

City & State

Edgewater

Zip

32132

Country

Volusia

Zip

32132

Country

Volusia

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

04.12.2004

6. FEI Number

38-3641769

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

Arnan Garcia

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

639 Coral Trace Blvd.

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32141

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
mm	Arnan Garcia	639 Coral Trace Blvd	Edgewater FL 32132
			100101936041 05/09/07--01008--023 **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

Date 3.27.07

Daytime Phone # 386-426-8626

Typed or printed name of signing Managing Member/Manager

Arnan Garcia