


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033434	
1. Entity Name TILE & STYLE L.L.C.	

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 13 PM 4:18

Principal Place of Business 51 TRAYNOR CT. CRAWFORDVILLE, FL 32327	Mailing Address 51 TRAYNOR CT. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # 51 Traynor CT	3. Mailing Address 51 Traynor CT,
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10282008 REIN-LLC CR2E101 (1/07)

City & State Crawfordville Fla	City & State Crawfordville Fla
Zip 32327	Zip 32327
Country WAUKUK	Country WAUKUK

4. FEI Number 25-1906861	Applied For Not Applicable
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5. Certificate of Status Desired	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent POOLE, ANDERSON 51 TRAYNOR CT. CRAWFORDVILLE, FL 32327
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE <i>Anderson &amp; Poole</i> 11/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, ANDERSON 51 TRAYNOR CT. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

10/01/08 2008  
*WLP*

300140571833  
01/14/09--01007--004 \*\*138.75

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <i>Anderson Poole</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	11/1/08 322-5082 Date Daytime Phone #
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