

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 12 PM 12:59

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000041388

1. Limited Liability Company's Name

Agustin's Tile LLC

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

19 Acye Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Zip 32351 Country

Zip Country

CR2E041 (1/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6-2-04

6. FEI Number

83-0397151

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

Agustin Varela

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

19 Acye Lane

Suite, Apt. #, Etc.

City Quincy

State  
FL

Zip Code  
32351

☒ 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

x agustin varela

REGISTERED AGENT MUST SIGN

Date 4-12-07

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
<u>mgrm</u>	<u>Agustin Varela</u>	<u>19 Acye Lane</u>	<u>Quincy FL 32351</u>

**REINSTATEMENT**

05-07

300096645553  
04/12/07--01015--021 \*\*150.00

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

x agustin varela

Date 4-11-07

Daytime Phone # 933 30 72

Typed or printed name of signing Managing Member/Manager