2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000062918

1. Entity Name
ACE CUSTOM TILE OF N.E. FL, LLC

Principal Place of Business	Mailing Address
6672 OVINGTON RD JACKSONVILLE, FL 32216	6672 OVINGTON RD JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04192006 REIN-LLC CR2E101 (11/05)
City & State	City & State	4. FEI Number [X] Applied For [ ] Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFERSON, JOE D 5412 MORSE AVE. JACKSONVILLE, FL 32244	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _____ JOE D. Jefferson/RA _____ 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00	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**

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR NAME LEDSOME, RICHARD E STREET ADDRESS 6672 OVINGTON RD CITY-ST-ZIP JACKSONVILLE, FL 32216 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition 0000076253040 06/16/06--01015--011 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Addition

11. 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: _Richard Ledsome_ RICHARD E. LEDSOME 5-26-06 904 3335715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #