


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # LO 4 0000 68938

1. Limited Liability Company's Name

Nobles Tile LLC

W09-25040

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

3250 NE 170th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3250 NE 170th Ave

Suite, Apt. #, etc.

City & State

Williston FL

City & State

Williston FL

Zip

32696

Country

USA

Zip

32696

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

9-21-2004

6. FEI Number

20 164 7124

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

Anthony Nobles

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

3250 NE 170th Ave

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

☒ 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

Anthony Nobles

REGISTERED AGENT MUST SIGN

Date 5-5-09

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
MEMBER	Anthony J Nobles	3250 NE 170th Ave	Williston FL 32696
	L. SELLERS		
	JUL - 2 2009		
	EXAMINER		
	REINSTATEMENT		
			0709

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

Anthony Nobles

Date 5-5-09

Daytime Phone # 352 317 6135

Typed or printed name of signing Managing Member/Manager

Anthony Nobles