PLEASE READ	ALL INSTRUCTIONS BEFORE (
LIMITED LIABILITY COMPANY REINSTATEMENT		FILED 2010 JAN 26 PM 3: 18
DOCUMENT # L04000076070 1. Limited Liability Company's Name TVT Tile and Stone LLC		SDICKETARY OF STATE SDICKETARY OF STATE 01/28/10-01002-007 **277.50
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		500166329735 01/15/1001039008 ***138.75
8079 Harental Cir Suite, Apt. #. etc.	Suite, Apt. #, etc	4. State/Country of Formation
Suno, Apr. #. etc.	Sulle, Api. #, etc	5. Date Organized or Qualified To Do Business in Florida
City & State	City & State	6 FEI Number Applied For
Zip 32216 Country 32216 115	Zip Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
	of Current Registered Agent	
Name Tam Tran Street Address (P.O. Box Number is Not Acceptable) 8079 Parental Cir Suite, Apt. #, Etc City Jacksonville FL 32216		 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		
10. Names and Stree: Addresses of Managing Me Titles Name of Managing Members/Manag	Street Address of Ead	
MGR Tam Tran	8079 Parental	Cir clactionville, FL 32216
REINSTATEMENT -08-10		
^{11.} E-mail Address		
 I certify that I am managing member/manager of filing this reinstatement application the reason for 	r dissolution has been eliminated, the limited liability com re been paid. The information indicated on this application Date 12	lices) licetion as provided for in Chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406 F.S. and that is true and accurate, and my signature shall have the same legal effect 30 2009 Daytime Phone # 904-208-8378

C.J.