

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JAN -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000002632

1. Limited Liability Company's Name

Hatcher Tile Works L.L.C.

CR2E041 (05/10)

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

165 Bruce Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Zip

32333

Country

U.S.A.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Michael Edward Hatcher

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

165 Bruce Rd.

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

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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

Michael Edward Hatcher

REGISTERED AGENT MUST SIGN

Date 1-6-11

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
Managing Member	Michael Edward Hatcher	165 Bruce Rd.	Havana, FL 32333

REINSTATEMENT 10-11-11

11. E-mail Address

(To be used for future annual report notifications)

12. 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

Michael Edward Hatcher

Date 1-6-11

Daytime Phone # 850 528-8744

Typed or printed name of signing Managing Member/Manager