PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -5 PM 1:53

500110285655
10/05/07--01004--005 **100.00

CR2E041 (1/07)

DOCUMENT # L05000007043

1. Limited Liability Company's Name

OCEAN TILE AND MARBLE STONE LLC

2. Principal Office Address - No P.O. Box #
20320 SW 315 STREET

Suite, Apt. #, etc.

City & State
HOMESTEAD

Zip: FL | Country: USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip: 33030 | Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 01/24/2005

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
ARMANDO DELGADO

Street Address (P.O. Box Number is Not Acceptable)
20320 SW 315 STREET

Suite, Apt. #, Etc.

City: HOMESTEAD | State: FL | Zip Code: 33030

☒ 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 _____ Date 09/25/2007
REGISTERED AGENT MUST SIGN

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
MGRM	ARMANDO DELGADO	20320 SW 315 STREET	HOMESTEAD FL 33030
	REINSTATEMENT	2006-2007	
		WOP	BLT

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 _____ Date 9/25/07 Daytime Phone # 786-251-2899

Typed or printed name of signing Managing Member/Manager ARMAND Delgado