

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 29 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0500000 8951

1. Limited Liability Company's Name

TVB TILE LLC

9/14/07

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4850 LIBBY CT Suite, Apt. #, etc.		3. Mailing Office Address 4850 LIBBY CT Suite, Apt. #, etc.	
City & State North Port, FL		City & State North Port, FL	
Zip 34287	Country USA	Zip 34287	Country USA

4. State/Country of Formation FLORIDA USA	
5. Date Organized or Qualified To Do Business in Florida 1-28-05	
6. FEI Number 771593010	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ANATOLIY BOHDANETS			
Street Address (P.O. Box Number is Not Acceptable) 4850 LIBBY CT			
Suite, Apt. #, Etc.			
City North Port	State FL	Zip Code 34287	

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: Anatoly Bohdanets Date: 01.08.09  
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
MANAGING MEMBER	ANATOLIY BOHDANETS	4850 LIBBY CT.	600140383216 02/11/09--01005--018 **277.50
PRESIDENT		NORTH PORT, FL 34287	600140383216 01/12/09--01075--002 **238.75
REINSTATEMENT 2007-2009			
uc 1/29/09			

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: Anatoly Bohdanets Date: 01.08.09 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_