

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000008951

1. Limited Liability Company's Name

TVB TILE LLC

9/14/07

FILED

09 JAN 29 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

Anatoliy Bohdanets

Date 01.08.09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles    | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                            |
|-----------|--------------------------------------|---|---|
| MEMBER    | ANATOLIY BOHDANETS                   | 4850 LIBBY CT.                                    | 600140383216<br>02/11/09--01005--018 **277.50 |
| PRESIDENT |                                      | NORTH PORT, FL 34287                              | 600140383216<br>01/12/09--01075--002 **238.75 |
|           |                                      |   |   |
|           |                                      |   |   |
|           |                                      |   |   |
|           |                                      |   |   |

REINSTATEMENT 2007-2009

upc 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

Anatoliy Bohdanets

Date 01.08.09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager