PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIAPILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OP AUG 27 PM 3: 27
DOCUMENT # L05 0000 15241		500159227895 08/12/0901044001 **153.75
BDS Tile and Marble LLC		500159227895 08/04/0901024004 **150.00
2. Principal Office Address	3. Mailing Office Address	CR2E041 (8/05)
5360 Scoville Rd	5360 Scoville Rd	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida
		5. Date Organized or Qualified To Do Business in Florida 2-14-2605
City & State Elkton FL	City & State SIKton FL	6. FEI Number Applied For
Elkton FL Zip Country	Zip Country	20 2 3 3 6 6 1 Not Applicable
32033 USA	32033 USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name Brandon D. Stratton Street Address (P.O. Box Number is Not Acceptable)		
	above named limited liability company, am familiar with and	3223
Signature of Registered Agent Date 7409		
10. Names and Street Addresses of Managing	Members/Managers	
Titles Name of Managing Members/Ma	Street Address of Each anagers Managing Member/Mana	ch ager City / State / Zip
Mrgr. Micheal Colvin . 6891 Tammy Ln. 5+ Augustine FL 32092		
REINSTATEMENT		
		08/09
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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 illing 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 Manager	Date 7-6	6-09 Daytime Phone # 904-814-2121
Typed or printed name of signing Managing Member/Manager Brandon D. Stratton		