2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024147

110 COMPASS ROSE DR

City-St-Zip: GROVELAND, FL 34736

Address:

Entity Name: TILE WORKS BY EDWIN BODRE, LLC

FILED Aug 13, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|
| | PASS ROSE D AND, FL 3473 | | | |
| Current M | lailing Addre | ss: | New Mailing Address: | |
| PO BOX 1 MINNEOL | 354 A, FL 34755 | | | |
| FEI Number | : 20-2383157 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| | /ANESSA PASS ROSE D AND, FL 34730 | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both |
| SIGNATU | RE: EDWIN E | BODRE | | |
| | Electro | nic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGR (BODRE, EDW 110 COMPASS GROVELAND, | ROSE DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: | MGR (|) Delete N | Title: | () Change () Addition |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWIN BODRE MGR 08/13/2008