

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECL
DIVISION

07 DEC -4 PH 3:41

DOCUMENT # L05000077930

1. Limited Liability Company's Name

Pensacola Tileworks, LLC

200112948892
12/07/07--01043--002 **105.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2817 Windchester Drive

Suite, Apt. #, etc.

3. Mailing Office Address
2817 Windchester Drive

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32526

Country

Zip
32526

Country

State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida August 09, 2005

6. FEI Number
20-3273965

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
Barbara Korinchak

Street Address (P.O. Box Number is Not Acceptable)
2330 Chance Road

Suite, Apt. #, Etc.

City
Molino

State
FL

Zip Code
32577

☒ 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

Barbara Korinchak
REGISTERED AGENT MUST SIGN

Date 11/18/2007

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	Derrick C Pires	2817 Windchester Drive	Pensacola, FL 32526

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

X Derrick C Pires

Date 11/19/07

Daytime Phone # 850-554-2863

Typed or printed name of signing Managing Member/Manager

Derrick C Pires