

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY 29 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000087120</b> Entity Name JR CERAMIC TILE AND MARBLE L.C.	
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Principal Place of Business 925 HAAS AVENUE PALM BAY, FL 32907	Mailing Address 925 HAAS AVENUE PALM BAY, FL 32907
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2. Principal Place of Business - No P.O. Box # 2764 Kennedy Dr Suite, Apt. #, etc.	3. Mailing Address 2674 Kennedy Dr Suite, Apt. #, etc.
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City & State Tallahassee, FL 32310	City & State Tallahassee, FL 32310
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Zip 32310	Country	Zip 32310	Country
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05292007 REIN-LLC CR2E101 (1/07)

4. FEI Number 061755559	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> NAFAL, JARALLAH F 925 HAAS AVE PALM BAY, FL 32907	<b>7. Name and Address of New Registered Agent</b> Name: Nafal, Jarallah F Street Address (P.O. Box Number is Not Acceptable): 2764 Kennedy Dr. City: Tallahassee FL Zip Code: 32310
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME NAFAL, JARALLAH F STREET ADDRESS 925 HAAS AVENUE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE mgr NAME Nafal Jarallah F STREET ADDRESS 2764 Kennedy Dr. CITY-ST-ZIP Tallahassee, FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGR NAME Qudsi. BAKER. NAFAL STREET ADDRESS 2764. Kennedy. DR. TALLAHSEE. FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS 500103917175 CITY-ST-ZIP 06/05/07--01046--009 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] Date: 28-6-07 Daytime Phone # \_\_\_\_\_