

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05-111082

1. Limited Liability Company's Name

ADMIRER TILE, LLC

2. Principal Office Address - No P.O. Box #

911 SW 37 TERRACE SAME

Suite, Apt. #, etc. —

3. Mailing Office Address

Suite, Apt. #, etc. —

City & State

PALM CITY, FL.

City & State

SAME

Zip

34990

Country

U.S.A.

Zip

SAME

Country

SAME

8. Name and Address of Current Registered Agent

Name

MICHAEL DOE

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

911 SW 37 TER

Suite, Apt. #, etc.

N/A

City

PALM CITY

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date 7 21 08

☐ 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.

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
MEMBER	MICHAEL DOE	911 SW 37 TER.	PALM CITY, FL. 34990

REINSTATEMENT 06-08

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

Date

7 21 08

Daytime Phone #

772 214 7274

Typed or printed name of signing Managing Member/Manager

MICHAEL DOE

FILED

08 AUG -5 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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