

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO6000006577**

1. Limited Liability Company's Name

universal tile and stone LLC

400136339914
09/25/08--01044--001 **277.75

CR2E041 (12/07)

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

14517 daring ave

Suite, Apt. #, etc.

City & State

orlando, fl

Zip

32826

Country

USA

3. Mailing Office Address

14517 daring ave

Suite, Apt. #, etc.

City & State

orlando, fl

Zip

32826

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/19/06

6. FEI Number

20-413-3254

Applied For

Not Apply

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee req.
for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name

thomas cotton

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

14517 daring ave

Suite, Apt. #, Etc.

City

orlando

State

FL

Zip Code

32826

☒ 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

REGISTERED AGENT MUST SIGN

Date

9/19/08

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
mgr.	thomas cotton	14517 daring ave	orlando, fl 32826

REINSTATEMENT 2007-08

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 the 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

9/19/08

Daytime Phone #

407-233-

5141