


\$416.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>LD6000016148</u>					
1. Limited Liability Company's Name <u>Mautchie Tile LLC</u>					
2. Principal Office Address - No P.O. Box # <u>7W. Poplar Way</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>7W. Poplar Way</u> Suite, Apt. #, etc.		
City & State <u>Santa Rosa Beach FL</u>			City & State <u>Santa Rosa Beach FL</u>		
Zip <u>32459</u>	Country <u>Walton</u>	Zip <u>32459</u>	Country <u>Walton</u>	4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida				6. FEI Number <u>204182744</u>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent				7. \$5.00 Additional Fee required for a Certificate of Status	
Name <u>Karl Mautchie</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>7W Poplar Way</u>					
Suite, Apt. #, Etc.					
City <u>Santa Rosa Beach</u>			State <u>FL</u>	Zip Code <u>32459</u>	
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 <u>[Signature]</u>				Date <u>3-25-10</u>	
REGISTERED AGENT MUST SIGN					
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	
<u>MEM</u>	<u>Karl Mautchie</u>	<u>7W. poplar way</u>		<u>Santa Rosa Beach FL</u>	
	<u>L. SELLERS</u>				
	<u>APR - 7 2010</u>				
	<u>EXAMINER</u>				
<b>REINSTATEMENT</b> <u>DP-2010</u>					
11. E-mail Address: <u>Mautchie Tile LLC @ Yahoo . com</u> (To be used for future annual report notifications)					
12. 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 <u>[Signature]</u>				Date <u>3-25-10</u> Daytime Phone # <u>850-830-7913</u>	
Typed or printed name of signing Managing Member/Manager					