


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000048466 1. Entity Name CLASSIC QUARTERS TILE, LLC	
---	---

FILED

2007 OCT 31 P 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 22 RYLEY LANE PALM COAST, FL 32164	Mailing Address 22 RYLEY LANE PALM COAST, FL 32164
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10162007 REIN-LLC CR2E101 (1/07)

4. FEI Number 11-3733866	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent KIRCHOFF, SCOTT R 22 RYLEY LANE PALM COAST, FL 32164

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

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 <u>Scott R. Kirchhoff</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-17-07</u>

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	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
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRCHOFF, SCOTT R 22 RYLEY LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111013812 10/19/07--01049--008 **55.00
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
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
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: <u>Scott R. Kirchhoff</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
---	------	-----------------