

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -4 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000055207**

1. Limited Liability Company's Name

JR Tile Company, LLC

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

7719 Aunt Mary Harvey Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 400

Suite, Apt. #, etc.

City & State

Glen St. Mary, FL

City & State

Glen St. Mary, FL

Zip

32040

Country

Baker

Zip

32040

Country

Baker

4. State/Country of Formation

Baker

5. Date Organized or Qualified
To Do Business in Florida

5/24/06

6. FEI Number

20-4845063

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeffrey Overstreet

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

7719 Aunt Mary Harvey Rd.

Suite, Apt. #, Etc.

City

Glen St. Mary,

State

FL

Zip Code

32040

☒ 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.

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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

(Same)

REGISTERED AGENT MUST SIGN

Date

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
MEM	Jeffery Overstreet	7719 Aunt Mary Harvey Rd.	Glen St. Mary, FL 32040

REINSTATEMENT -07-09

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

Jeffery Overstreet

Date

10/15/09

Daytime Phone #

904-259-6561

Typed or printed name of signing Managing Member/Manager

Jeffery Overstreet