

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO6000068410

1. Limited Liability Company's Name

ROBERT COOK Marble & Tile LLC

400156720964
06/03/09--01006--017 **416.25

CR2E041 (10/08)

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

1315 Riverside Dr

Suite, Apt. #, etc.

N/A

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

July 5, 2006

6. FEI Number

80-0413019

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

JPC Group, INC

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

7304 Barclay Ct.

Suite, Apt. #, Etc.

City

University Park

State

FL

Zip Code

34201

☒ 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

Robert Cook

REGISTERED AGENT MUST SIGN

Date May 22, 2009

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>Robert C. Cook</u>	<u>1315 Riverside Dr</u>	<u>Tarpon Springs FL</u> <u>34689</u>
	<u>L. SELLERS</u>		
	<u>JUN - 3 2009</u>		
	<u>EXAMINER</u>		

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

Robert Cook

Date 5-22-09

Daytime Phone # 727-924-4341

Typed or printed name of signing Managing Member/Manager

ROBERT COOK