

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:24

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CR2E041 (10/08)

DOCUMENT # L06000069693

1. Limited Liability Company's Name

DANIEL BACHELDER TILE, LLC

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

2524 FOREST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2524 FOREST DR.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL.

City & State

LAKE WALES, FL.

Zip

33898

Country

POLK

Zip

33898

Country

POLK

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7-7-2006

6. FEI Number

20-5164466

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

DANIEL BACHELDER

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

2524 FOREST DR.

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33898

☒ 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

Daniel B. Bachelder

Date

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
P	DANIEL BACHELDER	2524 FOREST DR.	LAKE WALES, FL. 33898

REINSTATEMENT 2007-2008

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

Daniel B. Bachelder

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DANIEL BACHELDER