

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

08 NOV 19 PM 1:43

CR2ED41 (10/08)

**DOCUMENT # L06000084283**

1. Limited Liability Company's Name

**Tile & Stone Consultants, LLC**

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

**120 I D Martin Rd.**

Suite, Apt. #, etc.

City & State

**Freeport Florida**

Zip

**32439**

Country

**USA**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**Florida USA**

5. Date Organized or Qualified

To Do Business in Florida **August 25, 2006**

6. FEI Number

**20-5742153**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee Required  
If Certificate is Desired

8. Name and Address of Current Registered Agent

Name

**Albert Thomas Nick, Jr.**

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

**120 I D Martin Rd.**

Suite, Apt. #, Etc.

City

**Freeport Florida**

State

**FL**

Zip Code

**32439**

☒ 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

*Albert Thomas Nick, Jr.*

**ALBERT THOMAS NICK, JR.**

**120 I D MARTIN RD. FREEPORT FL**

REGISTERED AGENT MUST SIGN

**32439**

Date **November 14, 2008**

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
MGRM	Albert Thomas Nick, Jr.	120 I D Martin Rd.	Freeport Florida 32439

300138000393  
11/17/08--01050--014 \*\*277.50

**REINSTATEMENT 2007-08**

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 608.408, 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

*Albert Thomas Nick, Jr.*

Date **11/14/08**

Daytime Phone# **850.376.6748**

Typed or printed name of signing Managing Member/Manager

**Albert Thomas Nick, Jr.**