
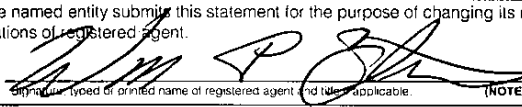
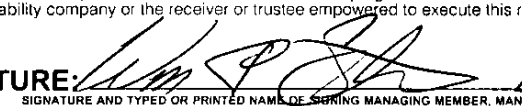


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB -6 PM 2:57

<b>DOCUMENT # L06000113696</b> 1. Entity Name CERAMIC & STONE INSTALLATIONS OF FWB, FL LLC					
Principal Place of Business 3 E DEAL AVE. FT. WALTON BEACH, FL 32548			Mailing Address 3 E DEAL AVE. FT. WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # 612 Randall Roberts Rd		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Walton Beach, FL		City & State		4. FEI Number	
Zip 32547		Country Okaloosa		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  STEELE, WILLIAM P 3 E DEAL AVE. FT. WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name: William P. Steele Street Address (P.O. Box Number is Not Acceptable): 612 Randall Roberts Rd City: Fort Walton Beach, FL Zip Code: 32547	
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.					
X SIGNATURE  DATE 1/29/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEELE, WILLIAM P 3 E DEAL AVE. FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	612 Randall Roberts Rd. Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700116583777 01/31/08--01038--011 **282.50	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007, 2008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007, 2008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007, 2008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007, 2008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007, 2008	<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.					
X SIGNATURE  DATE 1/29/08 850-226-3271 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					