

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

10 APR -2 PM 1:03

**DOCUMENT #** L07000049114

1. Limited Liability Company's Name

PAVLO CHUVIK TILE LLC

800170693058

02/26/10--01041--024 \*\*416.25 ✓

CR2E041 (11/09)

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

12338 ALTA MIRA ST

Suite, Apt. #, etc.

3. Mailing Office Address

12338 ALTA MIRA ST

Suite, Apt. #, etc.

City & State

NORTH PORT

City & State

NORTH PORT

Zip

34287

Country

FLORIDA

Zip

34287

Country

FLORIDA

4. State/Country of Formation

SARASOTA

5. Date Organized or Qualified  
To Do Business in Florida

5/8/2007

6. FEI Number

208993716

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

PAVLO CHUVIK

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

12338 ALTA MIRA ST

Suite, Apt. #, etc.

City

NORTH PORT

State

FL

Zip Code

34287

☒ 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

PAVLO CHUVIK

Date 2-23-10

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
MAN	PAVLO CHUVIK LLC	12338 ALTA MIRA ST	NORTH PORT FL 34287

REINSTATEMENT 2009-10 SBH

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date 3-25-10

Daytime Phone # (941) 8758452

Typed or printed name of signing Managing Member/Manager