

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 20 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300181158883
05/20/10--01043--007 **416.25
CR2E041 (11/09)

DOCUMENT # 407000055422

1. Limited Liability Company's Name

Patrick Tile Co LLC

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

3613 N. 9th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3613 N. 9th Ave

Suite, Apt. #, etc.

City & State

Pensacola FL.

City & State

Pensacola FL.

Zip

32503

Country

Escambia

Zip

32503

Country

Escambia

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

593727164

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

Nicholas U. Patrick

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

3613 N. 9th Ave.

Suite, Apt. #, Etc.

City

Pensacola FL.

State

FL

Zip Code

32503

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

Nicholas U. Patrick

REGISTERED AGENT MUST SIGN

Date May 17, 2010

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
Partner MGRM	Jason J. Patrick	864 Linden Rd.	Pensacola FL. 32503

REINSTATEMENT -08-10

11. E-mail Address: Nick.Patrick@Live-Com

(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

Nicholas U. Patrick

Date

5/17/10

Daytime Phone #

850 384 1869

Typed or printed name of signing Managing Member/Manager

Nicholas U. Patrick

C.L.