PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY 👺 FLORIDA DEPARTMENT 🕸 STATE COMPANY Secretary of State 10 APR -6 PH 2:57 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L 07000 68155 I. Limited Liability Company's Name 900171974369 04/06/10--01032--026 \*\*138.75 LARRY THE TILE GUY, LLC 900171974369 03/12/10--01004--008 \*\*277.50 CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1457 N.W. AUERY GLA 1457 N.W. AVERY GLN 4. State/Country of Formation FLORID A Suite, Apt #, etc. Suite, Apt #, etc Date Organized or Qualified To Do Business in Florida 6-28-07 City & State City & State Applied For FEI Number LAKE LAKE CITY 33-1170061 Not Applicable \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 3205 32053 W.S. A 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except BLAKE N. LUNDE II in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this w. us Hwy 90 box, you are certifying the prior notices were Suite, Apt #. Etc not received and requesting the \$100 reinstatement be waived. City Zip Code State 320S LAKE CITY 9. It being appointed the registe named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Date \_3-8-10 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Fach Name of Managing Members/Managers Titles City / State / Zip Managing Member/Manager LAKE CITY, FL. 32053 LARRY K SCHNEIDER MGRM 1457 N.W. AVERY GLA L. SELLERS APR - 7 2010 REINSTATEMENT 08-200 **EXAMINER** 11. E-mail Address: Jurry 19701 a yahoo .com (To be used for future annual report inputications).

12. I certify that I am managing member/manager or the receiver or trustoc empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling 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.

Shrull Date 3-8-10 Daytime Phone # 386-202-1821 Managing Member/Manager Typed or printed name of signing Managing Member/Manager

Signature of