

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 16 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07000112834**

1. Limited Liability Company's Name

ALPHA TILE RESTORATION LLC

KS

REINSTATEMENT (11) **09-13**

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

10234 TWIN LAKES DRIVE

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33071

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, BROWARD COUNTY

5. Date Organized or Qualified
To Do Business in Florida

11/07/2007

6. FEI Number

26-1395838

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

HUMBERTO PEREZ

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

10234 TWIN LAKES DRIVE

Suite, Apt. #, Etc.

CORAL SPRINGS

City

CORAL SPRINGS

State

FL

Zip Code

33071

E-mail Address:

(To be used for future annual report notices)

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

Date 01/11/2013

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
MGR	HUMBERTO PEREZ	10234 TWIN LAKES DRIVE	CORAL SPRINGS, FL 33071

100232422811

04/27/12--01039--002 **277.50

100232422811

01/17/13--01003--007 **516.25

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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 1/11/2013

Daytime Phone # 5616744238

Typed or printed name of signing Managing Member/Manager HUMBERTO PEREZ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2012

HUMBERTO PEREZ
ALPHA TILE RESTORATION, LLC
10234 TWIN LAKES DRIVE
CORAL SPRINGS, FL 33071

SUBJECT: ALPHA TILE RESTORATION, LLC
Ref. Number: L07000112834

We have received your document for ALPHA TILE RESTORATION, LLC and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$377.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2012; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$655.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 812A00013425