


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<h1 style="font-size: 2em; margin: 0;">FILED</h1> <p style="font-size: 1.2em; margin: 5px 0;">09 NOV 12 PM 2:22</p> <p style="font-size: 0.8em; margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="font-size: 0.8em; margin: 5px 0;">300162768153 11/13/09--01001--002 **138.75 CR2E041 (11/09)</p>	
<b>DOCUMENT #</b> <u>L08000072030</u>					
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><u>Old School Tile Setters, LLC</u></div>					
2. Principal Office Address - No P.O. Box # <u>3744 Lifford Cir.</u>		3. Mailing Office Address <u>SAME</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Tallahassee, FL</u>		City & State			
Zip <u>32329</u>	Country	Zip	Country		
8. Name and Address of Current Registered Agent		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input checked="" type="checkbox"/> 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.</div>			
Name <u>Mary Lee O'steen</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>10066 Spring Sink Rd.</u>					
Suite, Apt. #, Etc.					
City <u>Woodville</u>					
		State <u>FL</u>		Zip Code <u>32305</u>	
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 <u>Mary O'steen</u>				Date <u>11-12-09</u>	
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		
<u>Mgrm</u>	<u>Mary Lee O'steen</u>	<u>10066 Spring Sink Rd</u>	<u>Woodville, FL 32305</u>		
<u>Mgrm</u>	<u>Aaron Whittenbeck</u>	<u>607 Steele Dr.</u>	<u>Tallahassee, FL 32303</u>		
<h2 style="margin: 0;">REINSTATEMENT 2009</h2>					
11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>					
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 <u>Mary O'steen</u>				Date <u>11/12-09</u>	
Typed or printed name of signing Managing Member/Manager _____					