

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Teresa Nowicki, Tile + Marble LLC
L0800083676

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2661 SW Toronado Tr. Suite, Apt. #, etc.		3. Mailing Office Address 2661 SW Toronado Tr. Suite, Apt. #, etc.	
City & State Stuart FL.		City & State Stuart, FL	
Zip 34997	Country Martin	Zip 34997	Country Martin

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 8-27-08	
6. FEI Number 80-0289310	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Teresa Nowicki

Street Address (P.O. Box Number is Not Acceptable): 2661 SW Toronado Tr.

Suite, Apt. #, Etc.:

City: Stuart State: FL Zip Code: 34997

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08/24/12--01034--010 **377.50

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: Teresa Nowicki Date: _____
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
m&Rm	Andrew Nowicki	2661 SW Toronado Tr.	Stuart, FL 34997
REINSTATEMENT 11-12			
AUG 31 2012 L. SELLERS			

11. E-mail Address: nowteres@aol.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: Teresa Nowicki Date: _____ Daytime Phone # 772-283-3822

Typed or printed name of signing Managing Member/Manager _____