

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

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

Teresa Nowicki, Tile + Marble LLC
L0800083676

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

Country

34997

Martin

Zip

Country

34997

Martin

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

8-27-08

6. FEI Number

80-0289310

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

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

500238867945
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