

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 26 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO9000058992

1. Limited Liability Company's Name

JOHNSON TILE INSTALLATION OF THE EMERALD COAST, LLC

CR2E041 (1/11)

10-11

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

3800 J.W. HOLLINGTON RD
FREEPORT FL 32439

Suite, Apt. #, etc.

3. Mailing Office Address

3800 J.W. HOLLINGTON RD
FREEPORT FL 32439

Suite, Apt. #, etc.

City & State

FREEPORT FL

City & State

FREEPORT FL

Zip

32439

Country

U.S.A

Zip

32439

Country

U.S.A

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

6-17-2009

6. FEI Number

570-75-2560

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

SCOTT JOHNSON

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

3800 J.W. HOLLINGTON RD

Suite, Apt. #, Etc.

City

FREEPORT

State

FL

Zip Code

32439

E-mail Address:

400210376074

07/26/11--01013--006 **377.50

SCOTTRACER27@NETZERO.NET

(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

[Signature]

Date 7/20/2011

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>OWNER</u> <u>MANAGER</u>	<u>SCOTT D JOHNSON</u>	<u>3800 J.W. HOLLINGTON RD</u>	<u>FREEPORT/FL / 32439</u>

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

[Signature]

Date 7/20/2011

Daytime Phone # (850) 461-6173

Typed or printed name of signing Managing Member/Manager