


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000084902 1. Entity Name TILE SURGEONS LLC	
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FILED

11 SEP -6 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3702 HOUSTON RD TALLAHASSEE, FL 32307 4	Mailing Address 3702 HOUSTON RD TALLAHASSEE, FL 32307 4
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2. Principal Place of Business - No P.O. Box # 3702 HOUSTON RD.	3. Mailing Address (SAME)
Suite, Apt #, etc	Suite, Apt #, etc.

09062011 REIN-LLC CR2E101 (1/07)

City & State TALLAHASSEE FL.	City & State
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4. FEI Number 26-5850667	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 32304	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCQUAIG, JOHN R 3702 HOUSTON RD TALLAHASSEE, FL 32307 4	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John R. McQuaig* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	MCQUAIG, JOHN R	
STREET ADDRESS	3702 HOUSTON RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32307 4	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	300211799623		
STREET ADDRESS	09/06/11--01025--007 **377.50		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	L. SELLERS		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	SEP -6 2011		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	EXAMINER		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	REINSTATEMENT		
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John R. McQuaig* 9/6/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #