

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:03

**DOCUMENT #**

L95-668

**1. Limited Liability Company's Name**

IBERIA TILE INTERNATIONAL, L.C.

**REINSTATEMENT**

2000

**2. Principal Office Address**

2975 NW 77 AVE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

Country

USA

Zip

Country

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

65-0621589

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

FERNANDO R. VILA

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

2975 NW 77 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

**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]*

REGISTERED AGENT MUST SIGN

Date

11/13/00

**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
	FERNANDO R. VILA, MGRM	2975 NW 77 AVE	MIAMI FL 33122

**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.**

Signature of  
Managing Member/Manager

*[Signature]*

Date

11/13/00

Daytime Phone #

305-5413880

Typed or printed name of signing Managing Member/Manager