

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000005914

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUN 14 PM 12:24

DOCUMENT # L99000005914

1. Limited Liability Company's Name

Tile Master Specialist

9/29/00

2. Principal Office Address

400 SE 10 St

Suite, Apt. #, etc.

# 317

City & State

Deerfield Bch FL.

Zip

33441

Country

USA

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9-21-99

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JACK P. LAMARR, ESQUIRE

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

2601 East Oakland Park Blvd.

Suite, Apt. #, Etc.

Ste 501

City

Ft. Lauderdale

State

FL

Zip Code

33306

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

6/9/2001

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
Director	HENRY STEPHAN	400 SE 10 Street #317	Deerfield Bch., FL. 33441
			100.00 Reim
			50 - 2001
			50 - 2000
			200.00
REINSTATEMENT 2000-2001			MP

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

6-8-01

Daytime Phone #

954-214-0841

Typed or printed name of signing Managing Member/Manager

Henry Stephan

CR2E041 (9/00)