

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Annual Report  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JUL 18 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E041 (1/07)

05-07

DOCUMENT # P04000031995.

1. Limited Liability Company's Name

Element Classic Tile Inc.

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

7709 W Hanna Ave  
Suite, Apt. #, etc.

3. Mailing Office Address

7709 W Hanna Ave.  
Suite, Apt. #, etc.

City & State

Tampa - FL

Zip Country  
33615 U.S.

City & State

Tampa - FL

Zip Country  
33615 U.S.

4. State/Country of Formation

Tampa - FL - US

5. Date Organized or Qualified  
To Do Business in Florida

Feb / 2004

6. FEI Number

NONE

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

Manuel Ambroa

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

7709 W Hanna Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date JUL 11/07

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
D.	Manuel Ambroa	7709 W Hanna Ave.	Tampa FL, 33615

408005327154  
07/18/07-01017-001 \*\*450.00

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

Date

JUL 11/07 Daytime Phone # (813) 368-2205

Typed or printed name of signing Managing Member/Manager

Manuel Ambroa

80. VVName JUL 18 2007