

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 4000116751

1. Limited Liability Company's Name

Henson Tile and Marble, Inc.

Roberts MAY 09 2005

FILED

05 MAY -2 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

56 Fortress PL

Suite, Apt. #, etc.

3. Mailing Office Address

56 Fortress PL

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

Country

32137

Flagler

City & State

Palm Coast FL

Zip

Country

32137

Flagler

4. State/Country of Formation

FL, Flagler

5. Date Organized or Qualified
To Do Business in Florida

4/04 - 4/05

6. FEI Number

20-0959341

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

Christina Henson

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

56 Fortress PL

Suite, Apt. #, Etc.

City

Palm Coast, FL

State

FL

Zip Code

32137

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

Christina Henson

REGISTERED AGENT MUST SIGN

Date

4/28/05

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>MGR</u> | <u>Michael E. Henson</u> | <u>56 Fortress PL</u> | <u>Palm Coast, FL 32137</u> |
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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

Mike E. Henson

Date

4-29-05

Daytime Phone #

386 446 4250

Typed or printed name of signing Managing Member/Manager

Mike E. Henson

CR2E041 (10/02)