

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
CLERK OF STATE
CORPORATIONS
99 OCT 25 AM 11:46

DOCUMENT # 698216

1. Corporation Name
URO-TILE, INC.

Principal Place of Business Mailing Address
302 SOUTH FEDERAL HWY 302 SOUTH FEDERAL HWY
BOCA RATON FL 33432 BOCA RATON FL 33432



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/10/1981	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2116523	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VT	SCHIFFER, CECILIA	21835 EL BOSQUE WAY	BOCA RATON FL 33428
P	SCHIFFER, HENRY	21835 EL BOSQUE WAY	BOCA RATON FL 33428
S	SCHIFFER, HELENA	6541 VIA REGINA	BOCA RATON FL 33432
			100003058841-1 -12/02/99-01052-011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHIFFER, CECILIA 21835 EL BOSQUE WAY BOCA RATON FL 33428		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature: *Cecilia Schiffer* Date: 10-13-1999
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Cecilia Schiffer - Cecilia Schiffer* Date: 10-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CDE040 (8/99)

URO - TILE INC.

(561) 394-6701 FAX (561) 394-5445

302 S. Federal Hwy., Royal Palm Plaza / Boca Raton, Florida 33432



October 13, 1999

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

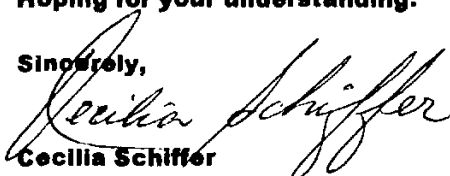
Reference Document #698216

**On January 24, 1999 I mailed Ch/#7931 for the amount of \$150.00
corresponding to my annual fee .**

**Now that I received a notice of company dissolution to realize that you never
receive my check. I am enclosing Ch/ # 8311 for the amount of \$150.00.
Please accept my check I do not want to be unregistered .**

Hoping for your understanding.

Sincerely,


Cecilia Schiffer