

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 24 PM 1:57

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 698216

1. Corporation Name

URO-TILE, INC.

Principal Place of Business

Mailing Address

302 SOUTH FEDERAL HWY BOCA RATON FL 33432

302 SOUTH FEDERAL HWY BOCA RATON FL 33432



8/1/00 90005 010 \$150.00

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

08/10/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2116523

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Cecilia Schiffer, Henry Schiffer, and Helena Schiffer.

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 (FL), Zip Code

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 of Registered Agent

Signature of Cecilia Schiffer with 'SIGNATURE REQUIRED' stamp

REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

Signature of Henry Schiffer with 'SIGNATURE REQUIRED' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/00)

URO-TILE INC.

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

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



August 10, 2000

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

Reference Number: 698216

To Whom it May Concern:

Approximately in mid July when I began to received renewals for licenses I realize that I have not received the Secretary of State one (as was called before) and now Department of State . Immediatly I called to request the form, it was sent to me right away on July 26, 2000 I sent Check that day #8640 for the estipulated amount of \$150.00 .

Now, as I called today to inquire why I have not received the certificate they informed me that the amount was not suficcient as I have a penalty of \$400.00 for being late .

I respectfully ask you not to penalize me because I did not receive the form and this is the only reason why I was late.

Thanking you in advance for your understanding.

Sincerely,

Cecilia Schiffer
Cecilla Schiffer