

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08532

1. Corporation Name
SUPREME TILE AND MARBLE INSTALLATIONS, INC.

Principal Place of Business: 29656 US 10 N #204 CLEARWATER FL 33761 US
Mailing Address: 29656 US 10 N #204 CLEARWATER FL 33761 US



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable: 29656 US HWY 19 NORTH SUITE # 202 CLEARWATER FL
3. New Mailing Office Address, If Applicable: 29656 US HWY 19 NORTH SUITE # 202 CLEARWATER FL

4. Date Incorporated or Qualified To Do Business in Florida: 04/10/1986

5. FEI Number: 59-2672558
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
VP	BOTELHO, GEORGE	596 WINDING WILLOW DR.	PALM HARBOR FL
SD	BOTELHO, MICHELLE	596 WINDING WILLOW DR.	PALM HARBOR FL
P	BOTELHO, GEORGE	596 WINDING WILLOW DR.	PALM HARBOR, FL 34683
ST	BOTELHO, MICHELLE	596 WINDING WILLOW DR.	PALM HARBOR, FL 34683

8. Name and Address of Current Registered Agent
BOTELHO GEORGE
596 WINDING WILLOW DR
PALM HARBOR FL 34682

9. Name and Address of New Registered Agent
Name: GEORGE A. BOTELHO
Street Address (P.O. Box Number is Not Acceptable): 596 WINDING WILLOW DR.
Suite, Apt. #, Etc.:
City: PALM HARBOR State: FL Zip Code: 34683

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: *George A. Botelho* REGISTERED AGENT MUST SIGN
Date: 4/18/00

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: *George A. Botelho* REGISTERED AGENT MUST SIGN
Date: 4/18/00 Daytime Phone #: 727 786-7901

CR2E040 (8/99)