

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # P0000002732

1. Corporation Name
Atlantic Tile & Carpet

2. Principal Office Address
1269 Old Dixie Hwy.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32960

Country
U.S.A

3. Mailing Office Address
1269 Old Dixie Hwy.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32960

Country
U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida 1/6/2000**

5. FEI Number
59-3670819

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Leonard E. Galbraith

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

Suite, Apt. #, Etc.

City
Sebastian

State
FL

Zip Code
32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Leonard E. Galbraith
REGISTERED AGENT MUST SIGN

Date 2-4-2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Leonard E. Galbraith	117 Harris Drive	Sebastian, FL 32958

10. 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:

Leonard E. Galbraith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2004 772-794-2219
Date Daytime Phone #

CR2E081 (01/04)

Leonard E. Galbraith

1269 Old Dixie Highway
Vero Beach, Florida 32960
772-794-2219
772-794-2343

February 5, 2004

*Department of State
Division of Corporations
P.O.-Box:6327
Tallahassee, FL 32314*

To Division of Corporations:

Enclosed is the application for reinstatement, and the amount owed. In 2000 I filed for my corporation then I moved 2002, and never received my annual report for 2002, and 2003. The amount that is enclosed is for 2002, 2003 and 2004. I hope we can work together and reinstate my corporation. If there is anything else I need to do please notify me.

Sincerely,

Leonard Galbraith

*Leonard Galbraith
Owner*
