

2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 192

FILED
06 JAN -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P0400000592
1. Entity Name
MARK BURNS TILE SETTERS, INC.

Principal Place of Business 6384 ROBIN COVE BRADENTON, FL 34202	Mailing Address 6384 ROBIN COVE BRADENTON, FL 34202
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11082005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0546932 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURNS, MARK
6384 ROBIN COVE
BRADENTON, FL 34202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mark Burns* **MARK BURNS** 1/2/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	NAME BURNS, MARK
STREET ADDRESS	6348 ROBIN COVE		
CITY-ST-ZIP	BRADENTON, FL 34202		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	400062707364	
CITY-ST-ZIP	01/05/06--01009--005 **150.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Burns* **MARK BURNS** 1/2/30/05 / 9417047576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

U. Roberts JAN 09 2006

PS 292

MARK BURNS TILE SETTERS, INC.
6384 Robin Cove
Bradenton, FL 34202

December 30, 2005

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Uniform Business Report, 2005
F.E.I.N. 20-0546932

Dear Sir/Madam:

This letter is to request that the Florida Department of State reinstates MARK BURNS TILE SETTERS, INC., F.E.I.N. 20-0546932, to an active status without penalty.

Our report was not filed in a timely manner due to never receiving notice from the State regarding the 2005 Annual Uniform Business Report. Enclosed please find our check in the amount of \$150.00 to cover the original filing fee along with our report.

Upon your review of the situation and circumstances, we request a written statement be provided from your organization that will notify us as to the outcome of this matter.

Thank you for your consideration and assistance in this matter.

Very truly yours,



Mark Burns
Enclosures