

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 27 AM 10:20
TALLAHASSEE, FLORIDA

DOCUMENT # P04000065812

1. Corporation Name

A & J'S TILE INSTALLATION, INC.

2. Principal Office Address

5360 GREY HERON LANE

3. Mailing Office Address

5360 GREY HERON LANE

REINSTATEMENT CR2E081 (12/05) 05-06

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

4-16-04

5. FEI Number

30-0243181

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDI JAKAJ

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

5360 GREY HERON LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

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

Andi Jakaj

REGISTERED AGENT MUST SIGN

Date

3-25-06

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
D/P	ANDI JAKAJ	5360 GREY HERON LANE	JACKSONVILLE, FL. 32257
D/VP	MATI JAKAJ	5360 GREY HERON LANE	JACKSONVILLE, FL. 32257
D/S	ANA GAVOCI	5360 GREY HERON LANE	JACKSONVILLE, FL. 32257

23/30

900069549325
04/05/06--01042--014 **300.00

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 contained in Chapter 119, 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:

Andi Jakaj

ANDI JAKAJ

3-25-06

Date

904-536-1133

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO:

FLORIDA CORPORATION REINSTATEMENTS

A & J'S TILE INSTALLATION, INC.

PO4000065812

SWORN AFFIDAVIT

I, ANDI JAKAJ, DID NOT RECEIVE A NOTICE TO RENEW MY CORPORATION.

I AM REQUESTING TO HAVE THE REINSTATEMENT FEES WAIVED, AS I AM
ENCLOSING A \$300.00 CHECK TO PAY FOR 2005 AND 2006.

THANKS FOR YOUR COOPERATION.

ANY QUESTIONS CALL 904-536-1133.



ANDI JAKAJ

STATE OF FLORIDA

COUNTY OF DUVAL

SIGNED THIS 25 DAY OF March 2006.



NOTARY NAME Jennifer Jean Simmons

MY COMMISSION EXPIRES 10-11-09

