

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
03 DEC 16 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 02-03

DOCUMENT # P99000092999

1. Corporation Name  
KRS Tile Inc

2. Principal Office Address  
2137 CORK OAK ST  
Suite, Apt. #, etc.

3. Mailing Office Address  
2137 CORK OAK ST.  
Suite, Apt. #, etc.

500025538375  
12/16/03--01076--027 \*\*300.00

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. Date Incorporated or Qualified To Do Business in Florida 10/01/99

5. FEI Number  
65-0953467

Applied For  
Not Applicable

Zip 34232 Country U.S.A.

Zip 34232 Country U.S.A.

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

**7. Name and Address of Current Registered Agent**

Name Kevin Schleicher  
Street Address (P.O. Box Number is Not Acceptable)  
2137 CORK OAK STREET  
Suite, Apt. #, Etc.  
City SARASOTA

State FL Zip Code 34232

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 Kevin Schleicher

Date 12/8/03

REGISTERED AGENT MUST SIGN

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
<u>Pres VPST</u>	<u>Kevin Schleicher</u>	<u>2137 CORK OAK STREET</u>	<u>SARASOTA, FL 34232</u>

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: Kevin Schleicher Kevin Schleicher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03  
Date

941 232-3531  
Daytime Phone #

CF E081 (10/03)

**KRS Tile, INC.  
2137 Cork Oak Street  
Sarasota, FL 34232  
941-232-8531**

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*December 5, 2003*

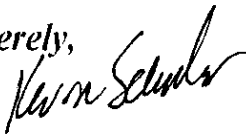
*Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314*

*RE: UBR Annual Report*

*To Whom It May Concern:*

*Please waive the \$600 fee. I never received my report. My address has changed.*

*Sincerely,*



*Kevin Schleicher  
President  
KRS Tile, INC.*

*Enclosures (2)*

*dlp*