


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 150953		1. Corporation Name AC Tile Co.	
Principal Place of Business 4000 NW 2nd Ave MIAMI, FL 33127		Mailing Address 4000 NW 2nd Ave MIAMI, FL 33127	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
5-7-47		59-0564134	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CASERTA, Roger 201 NW 40th MIAMI, FL 33127		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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.		Date 12-28-98	
Signature of Registered Agent REGISTERED AGENT MUST SIGN		Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		(See other side for information on intangible tax.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
12. 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: Roger Caserta		Date 12-14-98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-576-0444	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98

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