

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 698216

1. Corporation Name

URO-TILE, INC.

Principal Place of Business

302 SOUTH FEDERAL HWY  
BOCA RATON FL 33432

Mailing Address

302 SOUTH FEDERAL HWY  
BOCA RATON FL 33432



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1981

5. FEI Number

59-2116523

Applied For

Not Applicable

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

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VT	SCHIFFER, CECILIA	21835 EL BOSQUE WAY	BOCA RATON FL 33428
P	SCHIFFER, HENRY	21835 EL BOSQUE WAY	BOCA RATON FL 33428
S	SCHIFFER, HELENA	6541 VIA REGINA	BOCA RATON FL 33432
<p>100003058841-1 -12/02/99-01052-011 ****150.00-****150.00</p>			

8. Name and Address of Current Registered Agent

SCHIFFER, CECILIA  
21835 EL BOSQUE WAY  
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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.

Signature of  
Registered Agent

*Cecilia Schiffer*  
REGISTERED AGENT MUST SIGN

Date

10-13-1999

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cecilia Schiffer - Cecilia Schiffer*  
10-22-99

Date

Daytime Phone #

# **URO - TILE INC.**

**(561) 394-6701 FAX (561) 394-5445**

**302 S. Federal Hwy., Royal Palm Plaza / Boca Raton, Florida 33432**



**October 13, 1999**

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

**Reference Document #698216**

**On January 24, 1999 I mailed Ch/#7931 for the amount of \$150.00  
corresponding to my annual fee .**

**Now that I received a notice of company dissolution to relize that you never  
receive my check. I am enclosing Ch/ # 8311 for the amount of \$150.00.  
Please accept my check I do not want to be unregistered .**

**Hoping for your understanding.**

**Sincerely,**

*Cecilia Schiffer*  
**Cecilia Schiffer**