

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000001565

1. Corporation Name

NATIONAL POOL TILE GROUP, INC.

Principal Place of Business

Mailing Address

~~220 PARK DRIVE~~ 220 Park Drive  
~~CHARDON OH 44116~~ Chardon OH  
44116

~~220 PARK DRIVE~~ 5500 Wayzata Blvd  
~~CHARDON OH 44116~~ Suite 800  
Golden Valley, MN  
55416-1259

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

5500 Wayzata Blvd

Suite 800

Golden Valley MN

55416-1259

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1999

5. FEI Number

33-0000365

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	CATHCART, RICHARD J	<del>1500 COUNTY ROAD B2 WEST</del> 5500 Wayzata Blvd Suite 800	<del>SAINT PAUL MN 55113</del> Golden Valley MN 55416-1259
P	FRYKMAN, KARL R	<del>1500 COUNTY ROAD B2 WEST</del> 5500 Wayzata Blvd Suite 800	<del>SAINT PAUL MN 55113</del> Golden Valley MN 55416-1259
T	MEYER, MICHAEL G	<del>1500 COUNTRY RD B2W</del> 5500 Wayzata Blvd Suite 800	<del>SAINT PAUL MN 55113</del> Golden Valley MN 55416-1259
SC	AINSWORTH, LOUIS L	<del>1500 COUNTY ROAD B2 WEST</del> 5500 Wayzata Blvd Suite 800	<del>SAINT PAUL MN 55113</del> Golden Valley MN 55416-1259
VP	HAVENS, THEODORE A	<del>1620 HAWKINS AVE</del> 1620 Hawkins Ave	SANFORD NC 27330
			000024517480 11/07/03--01079--015 **750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

Andrea Mitlyng

REGISTERED AGENT MUST SIGN

Andrea Mitlyng  
Assistant Secretary

Date 12-18-03

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

Michael G. Meyer

10/27/03

Date

Daytime Phone #

CR2040 (7/03)