PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF

DIVISION OF C

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DOCUMENT#

J02738

1. Corporation Name

UNIVERSAL TILE AND MARBLE IMPORTS OF TAMPA, INC

Principal Place of Business

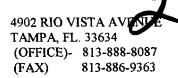
Mailing Address

4902 RIO VISTA AVENUE

4902 RIO VISTA AVENUE

| TAMPA FL 33634 | | | TAMPA FL 33634 | | |) | | | | |
|--|---------------------|--|---------------------|---|-----------------------------|--|---|--------------|---|--|
| If above a | ddroecee are | incorrect in any way, line th | irough incorrect in | nformation an | of enter correction below. | | | | • | |
| If above addresses are incorrect in any way, line through inc. 2. New Principal Office Address, If Applicable 3. N | | | | New Mailing Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida 03/05/1986 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | .5 FEI.Number | r | | Applied For | |
| City & State | | | City & State | | | | | | Not Applicable | |
| Zip | | Country | Zip | | Country | 6. CERTIFICATE | E OF STATUS DESIRED | | litional Fee required ertificate of Status | |
| 7. Names | and Street Ad | dresses of Each Officer and | d/or Director (Flo | rida nonprofi | | | | | _ | |
| Title(s) | 2 | Name of Officers and/or Directors | | Street Ad Officer ar | | | City / State / Zip | | ip | |
| Р | PROVENZANO, JOHN B. | | | 4902 RIO VISTA AVE | | | TAMPA FL 33634 | | | |
| Т | LOCICERO, FELIX | | | 4902 RIC |) VISTA AVE | | TAMPA FL | | | |
| | | | | | | 6 | 3000034 -10/27/ | 414 | 781 | |
| | | | | | | | ****550 | 3.08 * | ****550.00 | |
| | | | | | | | <u> </u> | | | |
| 8. Name and Address of Current Registered Agent | | | | | | Name and Address of New Registered Agent | | | | |
| - | · · | Market Transfer of the State of | | | Name_ | | | ÷. | . – | |
| PROVENZANO, JOHN B 7001 TWELVE OAK BLVD | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TAMPA FL 33634 | | | | | Suite, Apt. #, E | Suite, Apt. #, Etc. | | | | |
| | | | | | City | | | State Zip | Code | |
| 10. I, being Signature o Registered | of (| | | Jus | A URRED | | | Inlo | 7 | |
| 11. I certify this reir | that I am an | officer or director or the rec plication, the reason for dis | solution has been | eliminated, i | execute this application as | s the requirements | s of section 607.0401 or | 617.0401, F. | .S., that all fees | |

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



UNIVERSAL TILE & MARBLE

October 12, 2000

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

Dear Sir or Madam:

WE ORIGINALLY SENT THIS FORM ON SEPTEMBER'8, 2000. WE CALLED TO FOLLOW UP UPON RECEIPT OF LATE FILING NOTICE, AND WERE INFORMED THAT IT HAD NEVER BEEN RECEIVED BY YOU.

PER INSTRUCTIONS WITH KATHY AT YOUR OFFICE WE ARE RESUBMITTING THE NEW FORM ALONG WITH OUR NEW CHECK OF \$550.00 AND ARE RESPECTFULLY REQUESTING WAIVER OF ANY LATE FEES DUE TO CIRICUMSTANCE BEYOND OUR CONTROL

Sincerely,

MONICA OWENS OFFICE MANAGER