

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 20 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08532

1. Corporation Name

SUPREME TILE AND MARBLE INSTALLATIONS, INC.

Principal Place of Business

29656 US 10 N #204
CLEARWATER FL 33761
US

Mailing Address

29656 US 10 N #204
CLEARWATER FL 33761
US



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable

29656 US HWY 19 NORTH

Suite, Apt. #, etc.
SUITE # 202

City & State
CLEARWATER FL

Zip Country
33761 US

3. New Mailing Office Address, If Applicable

29656 US HWY 19 NORTH

Suite, Apt. #, etc.
SUITE # 202

City & State
CLEARWATER FL

Zip Country
33761 US

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1986

5. FEI Number
59-2672558

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
VP	BOTELHO, GEORGE	596 WINDING WILLOW DR.	PALM HARBOR FL
SD	BOTELHO, MICHELLE	596 WINDING WILLOW DR.	PALM HARBOR FL
P	BOTELHO, GEORGE	596 WINDING WILLOW DR.	PALM HARBOR, FL 34683
ST	BOTELHO, MICHELLE	596 WINDING WILLOW DR.	PALM HARBOR, FL 34683
			05/03/00-01150-026 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

BOTELHO GEORGE
596 WINDING WILLOW DR
PALM HARBOR FL 34682

9. Name and Address of New Registered Agent

Name
GEORGE A. BOTELHO
Street Address (P.O. Box Number is Not Acceptable)
596 WINDING WILLOW DR.
Suite, Apt. #, Etc.

City State Zip Code
PALM HARBOR FL 34683

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

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 4/18/00

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.

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***908.75 ***908.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George A. Botelho

Date

Daytime Phone #

CR2E040 (8/99)