PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE READ	ALL INS	LHOS LICHAS	DEFUNE C	CIVIPLE	ING / FIS/FURIVISM	Control of the second s	
APF	PLICATION	FLORIC	A DEPARTMEN			FILED		
	FORON		Sandra B. Mort		3.5			
REIN	STATEMENT	<i>5</i> /	Secretary of S		_	36 DEC -9 PH 1:49	i den in	
ļ	771.77	? (a - '	77731017 01 00111 01		'		ſ	
DOCL	JMENT # H 10 10	00	_			SECRETARY OF STATE TALLAHASSEE, FLORIDI	Δ.	
1 Corporation Name Scotty's Tile Inc.					TALLAHASSEE, FLORIDA			
′		, ,,,,						
Principal Place of Business Mailing Address					1			
6113 Dear Run SW					REINSTATEMENT 02-90			
Ft. Myers FL 33908					HEMO ! HI THE WAY			
•								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DO NOT WRITE IN THIS SPACE		
2 New Principal Office Address, If Applicable 3. New Mailing Address.			ling Address, If Applica	To Do Business in Florida ∧		ness in Florida \land 🔪 😿	100	
Suite Apt #, etc Suite, Apt. #, etc.			f, etc.	c.		5. FEI Number Applied For		
City & State City & State					65-0108961 Not Applicable			
Zip			Country	Country		6. S8 75 Additional Factorial		
Σιρ	Country Zip Coun			, 	CERTIFICATE OF STATUS DESIRED . for a Cortificate of Status			
7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers Street Addres Officer and/or Directors Officer and/or					City / State /	Zip	
Result M. Scott Dichl UII3 Deer				e Post Office Box N		4		
TH. Myers FL 3								
V.Pres.	Tishimile D. D	ici.	Ft. Myes	· -				
1 Jeremy S. Diehl Will Deer Runs						000020264	039	
TH. Muers FI					<u>~ , </u>			
	5 Geoffrey Whitman Ft. Myers					***1175.00	k**#1112*00	
		33408						
				-		A0		
						111/12	-10-011a	
-	8. Name and Address of Curren	t Registored Ag	jent		9. Name and	Address of New Registered Ager	21	
Name								
Street Address (P.O. Box Number is Not Acceptable)								
6113 Dee						in Sw	CR2E040 (1239	
	Suite, Apt. #, Etc.							
City State Zip Code							33908	
10 I being	appointed the registered agent of the al	ove named con	poration am familiar w	th and accept the o	bligations of Sect	tion 607 0505, F.S.	27-100	
Signature of	0.	06,	0		angamone or acc		, .	
Registered Agent Hapturia Blocan Blocan Date 12-4-94 REGISTERED AGENT MUST SIGN								
								
11. Does this corporation pay any intangible tax to the								
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on inflangible tax.)								
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Dwision of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. (further certify that when filling 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made								
	under oath Stephanic B. Diehl							
SIGNATURE: 201-207-5222								
SIGNATURE: Date Dayline Phone #								