PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76738

1. Corporation Name
Scotty's Tile, Inc.

2. Principal Office Address
18533 Holly Rd
Suite, Apt. #, etc.
City & State
Ft. Myers FL
Zip 33912 Country

3. Mailing Office Address
18533 Holly Rd
Suite, Apt. #, etc.
City & State
Ft. Myers FL
Zip 33912 Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 3/30/89

5. FEI Number 65-0108961 Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Stephanie B. Diehl
Street Address (P.O. Box Number is Not Acceptable): 18533 Holly Rd
Suite, Apt. #, Etc.
City: Ft. Myers FL State: FL Zip Code: 33912

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Stephanie B. Diehl
REGISTERED AGENT MUST SIGN
Date 4/19/00

CR2E091 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Marion Scott Diehl	18533 Holly Rd ~~Ft Myers~~	Ft. Myers FL 33912
/	Stephanie B. Diehl	18533 Holly Rd	Ft Myers FL 33912
			SP

10. 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: Stephanie B. Diehl / Stephanie B. Diehl / V.P. 4/28/00 941 495-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #