

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 21 AM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K87256

1. Corporation Name

Taylor's Tile, Inc.

2. Principal Office Address - No P.O. Box #

136 Ketting Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

136 Ketting Ave.

Suite, Apt. #, etc.

City & State

Ft. Walton Bch., FL

City & State

Ft. Walton Beach, FL

Zip

32548

Country

USA

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/1989

5. FEI Number

52-299026)

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

James E. Taylor

Street Address (P.O. Box Number is Not Acceptable)

136 Ketting Ave.

Suite, Apt. #, Etc.

City

Ft. Walton Beach, FL

State

FL

Zip Code

32548

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/16/07

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
Pres./ V. Pres.	Valerie J. Taylor	136 Ketting Ave.	Ft. Walton Beach, FL 32548
Secy./ Treas.	James C. Taylor	136 Ketting Ave.	Ft. Walton Beach, FL 32548
		07/26/07 01052 001 \$900.00	

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 contained in Chapter 119, 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:

Valerie J. Taylor

Pres./V. Pres. 8/16/07

678-642-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #