

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000053575**

1. Corporation Name

VinTile Design L.L.C.

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

500 S. Crescent Dr

Suite, Apt. #, etc.

115

City & State

Hollywood

Zip

33021

Country

Broward

3. Mailing Office Address

500 S. Crescent Dr.

Suite, Apt. #, etc.

115

City & State

Florida

Zip

33021

Country

Broward

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

May 31 - 2005

5. FEI Number

20-2891332

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

Vin Tile Designs

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

500 S. Crescent Drive

Suite, Apt. #, Etc.

115

City

Hollywood

State

FL

Zip Code

33021

☐ 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

Samuel A. Otley
REGISTERED AGENT MUST SIGN

Date *03/09/07*

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 | 03/22/07--01009--028 **8.75 | |
|-------------|--------------------------------------|---|--|--|
| | | | City/State/Zip | |
| <i>Pres</i> | <i>Samuel Otley</i> | <i>500 S. Crescent Drive</i> <i>Suite #115</i> | <i>Hollywood Florida</i> <i>33021</i> | |
| | | | | 0100094463780 03/22/07--01009--028 **100.00 |
| | | | | REINSTATEMENT 06-07 0100094463780 03/22/07--01009--028 **100.00 |

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:

Samuel A. Otley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-09-07

Daytime Phone #