

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 22 PM 2:49

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L79561

1. Corporation Name

Italian Tile Supplies, Inc.

300022075969  
08/05/03--01066--018 \*\*2461.25

91-03

2. Principal Office Address

6861 Orange Drive

3. Mailing Office Address

6861 Orange Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

06/12/90

5. FEI Number

65-0013097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

887a. Additional fee required

7. Name and Address of Current Registered Agent

Name

Darlene Nelson

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

6861 Orange Drive

Suite, Apt. #, Etc.

City

Davie

State  
**FL**

Zip Code

33314

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

Darlene Nelson

Date

07/10/03

REGISTERED AGENT MUST SIGN

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,D	Wes Cannon	2111 Club Drive	Dalton, GA 30720
S,D	Darlene Nelson	6861 Orange Drive	Davie, FL 33314

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)(f), 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:

Darlene Nelson Darlene Nelson, Sec.

07/10/03

954 791-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE001 (10/02)

7/22/03