PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 JUN -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012772

1. Corporation Name

LARRY JONES TILE & MARBLE, INC.

Principal Place of Business	Mailing Address
4987 SANDPIPER DR ST JAMES CITY FL	4987 SANDPIPER DR ST JAMES CITY FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/02/2000

5. FEI Number: 36-4497141 — Applied For / Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	JONES, LARRY	4987 SANDPIPER DR	ST JAMES CITY FL

600005766366--2
-06/13/02--01079--020
****300.00 ****300.00

201.25 - AR
10.00 - ARARTS
88.75 - Supp

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JONES, LARRY 4987 SANDPIPER DR ST JAMES CITY FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date 5-22-02
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — LARRY JONES — 5-22-02 — 2392832522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO WHOM IT MAY CONCERN, 5-22-02

I LARRY JONES, OWNER "LARRY JONES TILE & MARBLE INC", AM WRITING THIS LETTER FOR REINSTATING MY BUSINESS LICENSE OF, LARRY JONES TILE & MARBL INC. AFTER TALKING TO PERSONAL FROM THE I.R.S. AND THE FLORIDA DEPT. OF STATE (DIVISION OF CORPORATONS) IT WAS SUGGESTED I WRITE A BRIEF SUMMARY OF WHY I DID NOT RECIEVE PROPES FORMS OR FORMS SENT. MAY HAVE BEEN LOST.

IN SEPT 2002 I (LARRY JONES) BEGAN DEVELOPING SEVERE ABDOMINAL PAINS. AFTER A COUPLE DOCTOR VISITS, UNSURE OF THE CAUSE OF PAIN SYMTOMS, I WAS ADMITTED TO CAPE CORAL HOSPITAL WITH SEVERE PANCREITIOUS.

I WAS INDUCED INTO A COMA FOR 8 EIGHT DAYS. DURING SURGERY MY FAMILY WAS TOLD I PROBABLY WOULDNT MAKE IT THROUGH THE NIGHT. MEAN WHILE, MY FAMILY PACKED ALL MY BELONGINGS AND MY HOUSE WAS PUT UP FOR SALE.

BEING PHYSICALLY CAUTIOUS AND FINACIALLY TAPPED, I AM SETTLING BACK INTO MY HOME AND UPDATING ALL MY LEGAL DOCUMENTS

LICENSE.

AFER WHOM READ THIS SUMMARY, I HOPE IT EXPLAINS THROUGHLY WHY THE PROPER FORM OF FORMS MAY HAVE BEEN MISSED OR NEVER RECIEVED. (UNIFORM BUSINESS REPORT)

THANK YOU FOR YOUR TIME & CONSIDERATION.

Cathy Jones

CATHY JONES TILE & MARBLE INC
phone 239.283.2522