

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000019052

1. Corporation Name

TILES 4 U HOLDINGS, INC.

Principal Place of Business

2042 N FORSYTH ROAD
ORLANDO FL 32807
US

Mailing Address

2042 N FORSYTH ROAD
ORLANDO FL 32807
US

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

02/22/2000

5. FEI Number

59-3626349

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	COSS, EDWARD	2042 N FORSYTH ROAD	ORLANDO FL 32807
P	DIMENTEL, MANUEL SR PIMENTEL MANUEL SR.	2042 N FOROYTH RD	ORLANDO FL 32807
VP	PIMENTEL, MANUEL SR.	2042 N FORSYTH RD	ORLANDO FL 32807
S	COSS, EDWARD	2042 N FORSYTH RD	ORLANDO FL 32807
T	PIMENTEL, HAROLYN S	2042 N FORSYTH RD	ORLANDO FL 32807

8. Name and Address of Current Registered Agent

IBANEZ, SILVIA
3956 TOWN CENTER BLVD #196
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name

Michael K. Baker

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

8064 CLOVERGLEN CIRCLE

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818-8212

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/02

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)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02 407-673-6559

Daytime Phone #

CR2040 (8/02)

October 31, 2002

Tile4U Holdings, Inc.
2042 N. Forsyth Road
Orlando, FL 32807

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: P00000019052

Please be advised that as the new bookkeeper for Tile4u Holdings, Inc. I have searched through all the files and have not be able to locate any copy or notice of the Uniform Business Report. I as inquired with all my co-workers and they are not aware of the Uniform Business Report ever coming to this address.

Please find enclosed our check for \$150.00

Please reinstate Tile4U Holdings, Inc.

Thank you



Shorty Baker
Bookkeeper, Tile4U Holdings, Inc.