

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
104 JAN 15 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000026487**

1. Corporation Name

**Emerald Coast Tile And Stone
Works INC**

2. Principal Office Address

510 OAK Ave

Suite, Apt. #, etc.

Niceville FL

City & State

Zip

32578

Country

OKlahoma

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-18-2000

5. FEI Number

593499287

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

Wayne Moss

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

510 OAK Ave

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Edward Wayne Moss

REGISTERED AGENT MUST SIGN

Date

12-29-03

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
V	Edward W Moss	510 oak Ave	Niceville FL 32578
P	Woodruff C Powell	1640 26 th street	Niceville FL 32578
M	Jeffery LB Powell	1640 26 th street	Niceville FL 32578
M	Charles E Carroll	510 Oak Ave	Niceville FL 32578

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)(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:

Wayne Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-03 8502180529

Daytime Phone #

CR2E081 (10/02)

To whom it may concern

I did not receive my paperwork
because I moved twice in the time
frame in which you all were trying to
~~send me my notice~~

thank you

Wayne ~~msd~~