

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~000~~ P.00000 37555

**1. Corporation Name**

Lewallen Tile Co. Inc.  
RT 4 Box 386

**2. Principal Office Address**

RT 4 Box 386

Suite, Apt. #, etc.

**3. Mailing Office Address**

RT 4 Box 386

Suite, Apt. #, etc.

**City & State**

Starke Fl.

**City & State**

Starke Fl.

**Zip**

32091

**Country**

BRADFORD

**Zip**

32091

**Country**

BRADFORD

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

04/10/2000

**5. FEI Number**

593644990

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**

Walter E. Lewallen Jr.

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

RT 4 Box 386

Suite, Apt. #, Etc.

100024415571

11/04/03--01058--006 \*\*150.00

100024415571

11/04/03--01058--007 \*\*250.00

**City**

Starke

**State**

FL

**Zip Code**

32091

**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**

Walter E. Lewallen Jr.

REGISTERED AGENT MUST SIGN

Date 10-31-03

**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
P	Walter E. Lewallen Jr.	RT 4 Box 386	Starke Fl. 32091
S	Pauline Lewallen	RT 4 Box 386	Starke Fl. 32091
D	Walter Lewallen	P.O. Box 439	Lantey FT 32058
			100024415571 11/04/03--01058--008 **500.00

**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 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:** Walter E. Lewallen Jr. Walter E. Lewallen Jr. 10-31-03 251-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)