

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066002

1. Corporation Name

BEAU'S TILE OUTLET INC.

Principal Place of Business

1021 A WEST OAK ST  
KISSIMMEE FL 34741

Mailing Address

1021 A WEST OAK ST  
KISSIMMEE FL 34741



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/2009

5. FEI Number

59-3664892

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
PVD	SPERDUTI, ELSA A	1021 A WEST OAK ST	KISSIMMEE FL 34741

900036281709  
05/14/04--01004--013 \*\*150.00

8. Name and Address of Current Registered Agent

SPERDUTI, ELSA A  
1021 A WEST OAK ST  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Elsa Sperduti*  
REGISTERED AGENT MUST SIGN

Date

4-26-04

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:

*Elsa Sperduti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

402/518-0008

Daytime Phone #

CR2E040 (8/01)

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To Whom It May Concern:

I tried to call you to Request  
a FORM FOR UNIFORM Business Report  
Filing, but was impossible to get in touch  
with you. I never Received my 2004  
Report Form. I did send this other FORM  
with the check # 2116 for the Amount  
of 150.00. All the Information still the  
same.

If you have ANY Question please  
call at (402) 518-0008 and Ask For  
ELSA SPERDUTI.

Thank you

