

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066988

1. Corporation Name

Todd Soety Tile Inc.

600036519696  
05/17/04--01068--010 \*\*900.00

**REINSTATEMENT 03 04.**

2. Principal Office Address

1955 Aladdin ct.

Suite, Apt. #, etc.

City & State

ST. Cloud FL

Zip

34771

Country

OSCEOLA

3. Mailing Office Address

P.O. Box 700028

Suite, Apt. #, etc.

City & State

Saint Cloud FL.

Zip

34770

Country

OSCEOLA

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

July 10 2000

5. FEI Number

59-3676366

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

Cindy Soety

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

1955 Aladdin ct.

Suite, Apt. #, Etc.

City

ST. Cloud

State

FL

Zip Code

34771

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

Cindy Soety

REGISTERED AGENT MUST SIGN

Date

4/20/04

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
PD-	Todd Soety	1955 Aladdin CT	ST. Cloud FL 34771
DVST	Cindy Soety	1955 Aladdin ct.	ST. Cloud FL 34771

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:

Cindy Soety

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

321-624-8172

Daytime Phone #

CR2E081 (01/04)