

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 27 PM 12:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000068172

1. Corporation Name
Expert Tile Installation of Central
Florida Inc
12 Eastwood Drive
Palm Coast, FL 32164

2. Principal Office Address
12 Eastwood Dr
Suite, Apt. #, etc.

3. Mailing Office Address
12 Eastwood Dr
Suite, Apt. #, etc.

City & State
Palm Coast FL
Zip Country
32164 Flagler

City & State
Palm Coast FL
Zip Country
32164 Flagler

REINSTATEMENT

01-02

07-23-01 90002 050 \$600.00

4. Date Incorporated or Qualified
To Do Business in Florida 7/13/2000

5. FEI Number
65-1023297
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
James L. Harper, Jr.
Street Address (P.O. Box Number is Not Acceptable)
12 Eastwood Dr
Suite, Apt. #, Etc.
City
Palm Coast, FL

500005310175--9
-04/22/02--01011--015
****308.75 ****308.75
State Zip Code
FL 32164

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 [Signature] Date 3/22/02
REGISTERED AGENT MUST SIGN

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
<u>P.D.</u>	<u>James L. Harper Jr</u>	<u>12 Eastwood Dr</u>	<u>Palm Coast, FL 32164</u>

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: [Signature] Date 3/22/02 Daytime Phone # 386-439-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)