

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068172

1. Corporation Name

EXPERT TILE INSTALLATION OF CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

12 EASTWOOD DR  
PALM COAST FL 32164

12 EASTWOOD DR  
PALM COAST FL 32164



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

2. New Principal Office Address, If Applicable

3711 B Hwy 100 E  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 353583  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/2000

5. FEI Number

65-1023297

Applied For

Not Applicable

City & State

Bunnell FL

Zip

32110

Country

USA

City & State

Palm Coast FL

Zip

32135

Country

USA

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
PD	HARPER, JAMES L JR.	12 EASTWOOD DR 3711 B Hwy 100 E	PALM COAST FL 32164 32110
VPD	Harper, James L. Sr	40 Lindsey Dr	Palm Coast FL 32137

500024809085  
11/18/03--01065--026 \*\*158.75

11/14/03

8. Name and Address of Current Registered Agent

HARPER, JAMES L JR.  
12 EASTWOOD DR  
PALM COAST FL 32164

9. Name and Address of New Registered Agent

Name

James L. Harper Jr.

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

3711 B Hwy 100 E

Suite, Apt. #, Etc.

City

Bunnell FL

State

FL

Zip Code

32110

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James L. Harper Jr.*  
REGISTERED AGENT MUST SIGN

Date

11/14/03

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:

*James L. Harper Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03

Daytime Phone #

3865471292  
3865471293

CR2E040 (7/03)

October 27, 2003

To Whom It May Concern:

This is to notify The Florida Department of State that we did not receive any prior UBR notices.

The address of the corporation changed several times and much of the mail was misdirected or lost.

We have properly changed the addresses and are sending the reinstatement fees and changes of address.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Harper Jr.", written in a cursive style.

James L Harper Jr  
President and Director  
Expert Tile Installation of Central Florida Inc.  
Document # P00000068172  
FEI # 65-1023297