PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UBOT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069972

1. Corporation Name

DR TILE ENTERPRISES INC.

Principal Place of Business	Mailing Address
1820 LOCKE ST. TITUSVILLE FL 32780	1820 LOCKE ST. TITUSVILLE FL 32780

700008569907
10/24/02--01045--024 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/19/2000

5. FEI Number: 59-3663968 ☐ 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
D	ROSE, DAVID M	1820 LOCKE ST.	TITUSVILLE FL 32780
D	ROSE, CONNIE	1820 LOCKE ST.	TITUSVILLE FL 32780

AR 10/28

8. Name and Address of Current Registered Agent

VENUTI, LOUIS
131 B HARRISON ST.
TITUSVILLE FL 32780

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED David M. Rose 10/22/02 321-383-8453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR TILE ENTERPRISES INC
1820 LOCKE STREET
TITUSVILLE, FLORIDA 32780

October 22, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Ms. Katherine Harris

Dear Ms Harris,

We just realized that our Annual Report was never filed. We relied upon a tax professional to advise us of this filing, but they never notified us. We never received anything in the mail. We are asking for your help in accepting the normal fee of $150.00 (enclosed check).

Thank you in advance for any consideration you may give us.

Sincerely,
DR TILE ENTERPRISES INC

Connie L. Rose

Connie Rose