## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPAR Secretar DIVISION OF C	y of S	tate	,		TLE	D NH 8: 03	
DOCUMENT # P0000076785				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
GOLD COAST TILE +	- MARBIE, J	TNC	<b>,</b> .	95/08 95/08	0012883 /0801044	37E -008		
2. Principal Office Address - No P.O. Box #  12847	3. Mailing Office Address 11300 LINDS		31vD.	REIN 01/31/	ISTATI 108 01039	EM 200	IENT06- 07 8 300.0	
	SUITE 10	36	301 x08		orated or Qualified	UST 1	15, 2000	
City & State  F. M. Y. E.R.S.  Zip Country Zip  City & State  F. T. M. Y. E.R.S.  Zip			try	<b>5.</b> FEI Number Applied For Not Applicable				
33913 U.S. 33913 U.S.				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
Name  FAR BRIAN SMITH  Street Address (P.O. Box Number is Not Acceptable)  12847 TYDRY ST. LOOP  Suite, Apt. #, Etc.  City FT. MYERS  State Zip Code FL 33913				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN					bligations of section 607.0505 or 617.0503, F.S.  Date			
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonpr		orations must list at lea					
Titles Name of Officers and/or Directors			Officer and/or Director	City / State / Zip				
PRES. EAR BRIAN SMIT	H 1284	<u> 1 I</u> .	10ay ST. lo	of	FT. MYERS	FI.	33913	
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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 filling 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 contained in Chapter 119, 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Phone if								
SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OF	FICER O	R DIRECTOR	7	Qfate	Daytime	Phone #	

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## New Text Document

TO WHOME IT MAY CONCERN

I SPOKE TO SOMEONE ON THE PHONE ON 5/5/08 AND THEY TOLD ME TO SEND MY NEW APP. FOR REINSTATEMENT ALONG WITH \$150.00 I PAID \$300.00 ALREADY. PLEASE LET ME KNOW IF THIS IS OK FOR REINSTATEMENT

IF THERE IS A PROBLEM THAT YOU NEED ME TO TAKE CARE OF PLEASE CALL ME @ 239.245.1145

THANK FOR YOUR TIME, BRIAN SMITH (PRESIDENT GOLDCOAST TILE & MARBLE, INC.)