

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT #

1. Corporation Name

Sun Rays Tile & Tools, Inc.

2. Principal Office Address

1014B US Hwy 19

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/10/2000

5. FEI Number

59-3664323

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

Accounting Professionals, Inc. (Sherry Putman)

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

12421 N. Florida Ave.

Suite, Apt. #, Etc.

B-125

City

Tampa

State

FL

Zip Code

33612

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

Sherry Putman

Date 12/16/02

(REGISTERED AGENT MUST SIGN)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Lizbeth Wabe	1014 B US Hwy 19	Holiday, FL 34691

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:

Lizbeth P. Wabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/02

Daytime Phone #

gr 112

CR2E081 (9/01)

**SUN RAYS TILE & TOOLS, INC.**

1014-B U.S. 119  
Holiday, Fl. 34691

December 17, 2002

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir:

Enclosed is a check for \$ 150.00. I am asking that you accept this to reinstate my corporation. I did not receive any renewal notices. The address that is on my corporate papers that I downloaded from your website is 1014-B U.S. 119. The correct mailing address is 1014-B U.S. Hwy 19. Also my home address changed to 1803 Osprey Lane, Lutz, Fl. 33549. Due to the changes in my residence my mail may not have been sent to my new address.

Your attention and help in this matter is greatly appreciated.

Sincerely,



Lizbeth Wabe  
President