

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 21 AM 8:00

DOCUMENT # P000000 78650

1. Corporation Name

A BETTER TILE, INC

2. Principal Office Address

3590 4th AVE S.E

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34117

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAFETY FL

Zip

Country

REINSTATEMENT 01-03

300024387423

11/03/03 - 01/088 - 017 X 450.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/2000

5. FEI Number

65-1036022

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

DANIEL E FARONE

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

3590 4th AVE S.E.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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

Daniel Farone

REGISTERED AGENT MUST SIGN

Date

11-17-03

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
PSTO	DANIEL E FARONE	3590 4 th AVE S.E	NAPLES, FL 34117

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:

Daniel Farone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-03

Daytime Phone #

239 825 1095

CR2E081 (10/02)