

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
TAMMIE L. HARRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED 192
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 PM 4:49

DOCUMENT # P00000085665

1. Corporation Name

TILE IMAGE, INC.

Principal Place of Business

Mailing Address

4623 MACEACHEN BLVD.
SARASOTA FL 34233

4623 MACEACHEN BLVD.
SARASOTA FL 34233



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

4. Date Incorporated or Qualified To Do Business in Florida

09/07/2000

Suite, Apt. #, etc.

Tile Image
1590 Siesta Drive
Sarasota, FL 34239

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-1038186

Applied For

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CALLIS, CORTENEY M	4623 MACEACHEN BLVD. Tile Image 1590 Siesta Drive Sarasota, FL 34239	SARASOTA FL 34233

7000004741677-4
-12/27/01--01057--020
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLIS, CORTENEY M
4623 MACEACHEN BLVD.
SARASOTA FL 34233

Cortney Callis
Tile Image
1590 Siesta Drive
Sarasota, FL 34239

Name
Cortney Callis
Street Address (P.O. Box Number is Not Acceptable)
1590 SIESTA DRIVE
Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34239

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.

Signature of Registered Agent

Cortney M. Callis

REGISTERED AGENT MUST SIGN

Date 10/30/01

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:

Cortney M. Callis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

941-356-9860

Daytime Phone #

292

To whom it may concern;

I did not receive a business report due to the fact that I moved to a new house and my new address was not on file. enclosed is a fee for \$150.⁰⁰ please note the new address change.