

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  
04 JUN 30 AM 8:00

DOCUMENT # 000000104145

1. Corporation Name

morello Tile & Stone Inc.

2. Principal Office Address

4 Cahaba Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4 Cahaba Lane

Suite, Apt. #, etc.

City & State

DESTIN FL

Zip

Country

32541

City & State

DESTIN FL

Zip

Country

32541

**REINSTATEMENT**

03-04

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

11/6/2000

5. FEI Number

59-3690888

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

Richard Burdash

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

4 Cahaba Lane

Suite, Apt. #, Etc.

DESTIN FLORIDA

City

DESTIN FL

State

FL

Zip Code

32541

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-25-04

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
P	Richard Burdash	4 Cahaba Lane	DESTIN FL 32541

600039085676  
07/14/04--01005--026 \*\*900.00

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:

*[Signature]* RICHARD BURDASH

Date

6-25-04

Daytime Phone #

850  
978-1482

CR2E081 (10/02)