

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000022222

1. Corporation Name

JEFFREY A MALTBIE TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

250 SE IBIS COURT
 PORT ST LUCIE FL 34952

250 SE IBIS COURT
 PORT ST LUCIE FL 34952

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/28/2001

5. FEI Number

65-1079676

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MALTBIE, JEFFERY A	2500 IBIS ST.	PORT SAINT LUCIE FL 34952

600024925716
 11/21/03--01045--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALTBIE, JEFFERY A
 2500 IBIS ST.
 PORT SAINT LUCIE FL 34952

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent *X*

SIGNATURE [Handwritten Signature]

Date _____

REGISTERED AGENT MUST SIGN

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)(l), 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: *X Jeffrey A Maltbie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772
 342-
 10-23-03 2943

CR2E040 (7/03)

THE TAX SHOPPE

**932 SW Bayshore Blvd
Port St. Lucie, FL 34983**

(772) 879-2895

(772) 879-2894 Fax

Email: TaxShopeFla@AOL.COM

October 24, 2003

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: P01000022222 – Jeffrey A. Maltbie Tile & Marble, Inc.

Dear Sirs:

Enclosed you will find a check in the amount of \$150 for payment of the Annual Report. The original documents required to file the Annual Report were apparently lost in the mail and the directors were not aware that the Annual Report was not filed. Be assured that procedures are in place so this does not happen again.

Please process this paperwork and contact our office or the corporation directly if you have any questions.

Sincerely,



Joe Edge
The Tax Shoppe