

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 DEC 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080755

1. Corporation Name

M.M.T. FLOORING, INC.

Principal Place of Business

20725 NE 16TH AVENUE BAY 15
NORTH MIAMI BEACH FL 33179

Mailing Address

20725 NE 16TH AVENUE BAY 15
NORTH MIAMI BEACH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2001

5. FEI Number

65-1130136

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TETREALT, WILLIAM B	20725 NE 16TH AVENUE BAY 15	NORTH MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

TETREALT, WILLIAM B
20725 NE 16TH AVENUE BAY 15
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

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

William B Tetrealt
REGISTERED AGENT MUST SIGN

Date 12-20-03

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:

William B Tetrealt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

122003 305-770-0086

CR2E040 (7/03)

MILLENNIUM MARBLE & TILE, INC.



20725 N.E. 16th Ave. N. Miami Beach, Fl. 33179
Phone 888-240-5222 ♦ Fax 305-770-2087

Secretary of the State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

12-20-03

Attn: Annual Report Section

Re: UBR Report 2003 / FEI # 65-1130136

Dear sir, This letter is to inform you that we did not receive our first notice to file the UBR report for the year 2003 and therefore we are requesting that you wave any additional fees that were imposed. We are sending along with this letter our annual check for the amount of \$150.00.

Thank you for your time....

Sincerely, William Tetreault..President
Millennium Marble & Tile, Inc.
