

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1130136

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

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

651130136
 12/26/03--01081--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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 Tetreau

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 Tetreau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-03 305-770-086

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.
