

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 90230

1. Corporation Name

TILE AND MARBLE INSTALLERS INC.

2. Principal Office Address

2505 PORTLAND ST

Suite, Apt. #, etc.

3. Mailing Office Address

2505 PORTLAND ST

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

USA

Zip

34231

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/10/2001

5. FEI Number

01-0566990

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

William G LA GASSE

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

2505 PORTLAND ST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

700013910477

03/11/03--01013--015 **808.75

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

William G LaGasse

REGISTERED AGENT MUST SIGN

Date

3/06/03

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	William G. LAGASSE	2505 PORTLAND ST	SARASOTA FL 34231

02-03 URG

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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:

William G LaGasse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/03

Date

9419232062

Daytime Phone #

CR2E081 (10/02)