

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000092659

1. Corporation Name

WORLD TILE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

~~1055 SE 9TH TERR.  
HIALEAH FL 33010~~

1055 SE 9TH TERR.  
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

3900 SW 185TH AVE

3. New Mailing Office Address, If Applicable

3900 SW 185TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIKAMAK, FL

City & State

MIKAMAK, FL

Zip

Country

33029

Zip

Country

33029

FILED

04 MAR -3 PM 12:36

SECRETARY OF STATE  
REINSTATEMENT



700024070167  
10/24/03--01016--015 \*\*750.00

4. Date Incorporated or Qualified To Do Business in Florida

09/21/2001

5. FEI Number

65-1144125

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
PSTD	FITZGERALD, WALTER	<del>440 S. PARK RD. #202</del>	HOLLYWOOD FL 33021
		3900 SW 185TH AVE	MIKAMAK, FL 33029

700024070167  
03/03/04--01044--013 \*\*150.00

8. Name and Address of Current Registered Agent

COVE, ANDREW N ESQ.  
225 SOUTH 21ST AVE.  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name  
CARLOS A. MEZA, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
255 University Drive  
Suite, Apt. #, Etc.  
CORAL GABLES  
City  
CORAL GABLES  
State  
FL  
Zip Code  
33134

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

02/11/04

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 (786) 295-9553

Daytime Phone #

CR2E040 (7/03)