PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109062

1. Corporation Name MAHER CERAMIC TILE INC

2. Principal Office Address	3. Mailing Office Address
21507 MEEHAN AVE	21507 MEEHAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE FL	City & State: PORT CHARLOTTE FL
Zip: 33952 Country: CHARLOTTE	Zip: 33952 Country: CHARLOTTE

02-03
3/4/03 01011 006 -900.00

4. Date Incorporated or Qualified To Do Business In Florida 11/12/01

5. FEI Number 65115-2922 ☐ 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: STEPHEN MAHER
Street Address (P.O. Box Number is Not Acceptable): 21507 MEEHAN AVE
Suite, Apt. #, Etc.:
City: PORT CHARLOTTE State: FL Zip Code: 33952

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: Stephen Maher
REGISTERED AGENT MUST SIGN
Date: 03/10/03

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	STEPHEN MAHER	21507 MEEHAN AVE	PORT CHARLOTTE, FL 33952
V	EDWIN MAHER JR	18113 GARVIN AVE	PORT CHARLOTTE FL 33948
ST	EDWIN MAHER	103 NW REVEREST	PORT CHARLOTTE FL 33952

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: Stephen Maher STEPHEN MAHER 03/10/03 (941) 628-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #