

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PD1000112278

1. Corporation Name

WALTER'S TILE, INC

2. Principal Office Address

134 SW ANDOVER CT

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34953

Country

USA

3. Mailing Office Address

134 SW ANDOVER CT

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34953

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/14/02

5. FEI Number

02-551193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

03 OCT 20 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700023954927

10/20/03--01039--022 \*\*150.00

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

MICHAEL WALTERS

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

134 SW ANDOVER CT

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State  
FL

Zip Code  
34953

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

REGISTERED AGENT MUST SIGN

Date 10/12/03

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
PRES	MICHAEL WALTERS	134 SW ANDOVER CT	PORT ST LUCIE, FL 34953

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:

*Michael Walters*

MICHAEL WALTERS

10/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/22

Walter's Tile, Inc.  
134 SW Andover Ct  
Port St. Lucie, FL 34953

October 12, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

This letter is to inform you that Walter's Tile, Inc. did not receive any notification/form from the Florida Department of State regarding the Uniform Reporting Form. I have enclosed a check for \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Walters", written over the word "Sincerely,".

Michael Walters  
President