PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000035135 DOCUMENT

1. Corporation Name

D & M TILES, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 21 PM 12: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 6208 FOX RUN ST MILTON FL 32583 | | | 6208 FOX RUN ST MILTON FL 32583 | | | | METER DAR CHARTAL OZ | | | |
|--|-----------------------------------|---------------------------|-------------------------------------|---|------------|--|---|-------------------------------|-------------------------|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction | | | | | | | | | | |
| | | Address, If Applicable | 3. New Mailing Office Address, If A | | | | Date Incorporated or Qualified To Do Business in Florida 03/25/2002 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 35.5 | 5. FEI Number Applied For | | | |
| City & State | | | City & State | | | _ | | <u> </u> | Not Applicable | |
| Zíp Country | | Zip | | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names | and Street Ad | dresses of Each Officer a | nd/or Director (Flo | orida nonprof | it corpora | ations must list at le | ast 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | |
| P | BRADBURY, DAVID W | | | 6208 FOX RUN ST | | | MILTON FL 32583 | | | |
| | | | | | | , | 40 10/21 | 000239870 70301141022 |)5.4% (*)) **158.75 | |
| | | | | | | | | · | | |
| | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | 9. Name and | Address of New Registered | Agent | |
| | | | | | | Name | | | | |
| BRADBURY, DAVID W | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 6208 FOX RUN ST | | | | | | 0.3. 11.0.5. | | | | |
| MILTON FL 32583 | | | | Suite, Apt. #, Et | | i. | | | | |
| | | | | | | City | | State FL | Zip Code | |
| 10. I, beir | g appointed th | e registered agent of the | above named corp | oration, am fa | amiliar w | th and accept the o | bligations of Sect | ion 607.0505, F.S. or 617.050 | 5, F.S. | |

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIEN

Date 10-12-03

D&M TILE, INC.

6208 Fox Run ST. Milton, Fla. 32583 (850) 626-4352 Fax 983-7670

October 12, 2003

To Whom It May Concern:

I have not received any previous notices for annual report submission or at least I haven't seen any. My wife generally takes care of all paperwork, but she has been ill for the past six months. I have enclosed a check for 150.00 +8.75 for a Certificate of Status for the reinstatement and ask that you waive any penalties. I assure you that all future reports will be filed in a timely fashion. All of my business accounts are listed under D&M Tile, Inc. and I would like to continue my business as such. Thank you for your consideration.

Sincerely,

Email- DMTile @aol.com Cell (850) 293-2724