

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000040572

1. Corporation Name

Rudd's Ceramic Tile, Inc

700031837237
04/05/04--01056--013 **758.75

REINSTATEMENT 03-04

2. Principal Office Address

807 N. State Street

Suite, Apt. #, etc.

Unit B

3. Mailing Office Address

P O Box 2559

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-02

5. FEI Number

753046109

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

Kenneth A. Rudd

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

807 N. State St

Suite, Apt. #, Etc.

Suite B

City

Bunnell

State

FL

Zip Code

32110

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

Ken Rudd

Date

6-02-04

REGISTERED AGENT MUST SIGN

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	Kenneth A Rudd	PO Box 2559	Bunnell FL 32110
V.P.	Ronnie Rudd	PO Box 2559	Bunnell FL 32110

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:

Ken Rudd Ken Rudd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/31/04

Daytime Phone #

386-566-7485



PATRICIA HOSKINS

My Comm Exp. 11/26/04

No. CC 983515

() Personally Known () Other I.D.

CR2E081 (01/04)