PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000044866**

1. Corporation Name

SCANDANAVIAN TILE SETTERS, INC.

Principal Place of Business	Mailing Address
11624 LAKE KATHERINE CIRCLE CLERMONT FL 34711	11624 LAKE KATHERINE CIRCLE CLERMONT FL 34711

800023891068
10/17/03--01032--031 **150.00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
498 W. Lakeshore Dr.	498 W. Lakeshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL.	City & State: Clermont, FL.
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/24/2002

5. FEI Number: 470861075 ☐ 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
PSD	HENRICKSON, JEFFREY	11624 LAKE KATHERINE CIRCLE	CLERMONT FL 34711

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HENRICKSON, JEFFREY 11624 LAKE KATHERINE CIRCLE CLERMONT FL 34711	Name: Jeffrey Henrickson Street Address (P.O. Box Number is Not Acceptable): ~~#6-21~~ 498 W. Lakeshore Dr. Suite, Apt. #, Etc.: City: Clermont State: FL Zip Code: 34711

CR2E040 (7/03)

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 _____ Date 10/13/03
REGISTERED AGENT MUST SIGN

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: _____ 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Dept. of State 10/13/03

Division of Corporations,

Document # P02000044866

To whom it may concern,

My corporation, Scandanavian Tile Setters Inc. moved to it's new location in January 2004, thus I did not receive any notices regarding my annual reports. Please find enclosed my check for $150.00 as full payment for reinstatement along with my application which has my new address on which to receive all future reports which I will ensure timely filing.

Thank you for your assistance in this matter.

Sincerely,