

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

498 W. Lakeshore Dr.

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR20040 (7/03)

Florida Dept. of State

10/13/03

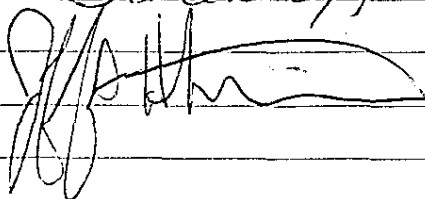
Division of Corporations,

Document # PO2000044866
To whom it may concern,

My corporation, Scandinavian Tile Setters Inc.
moved to its 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 in which to receive all future
reports which I will ensure timely filing.

Thank you for your assistance
in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to be "J. H. Smith" or similar, written over a horizontal line.