

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -5 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

**1. Corporation Name**

RBD TILE, INC.  
P02000067175

**2. Principal Office Address**

598 W. HWY 436

Suite, Apt. #, etc.

C-108

City & State

FL

ALTAMONTE SPRINGS

Zip

32714

Country

SEMINOLE

**3. Mailing Office Address**

P.O. BOX 533078

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32853-3078

Country

ORANGE

**REINSTATEMENT 03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/19/2002

**5. FEI Number**

71-0890423

☒ 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

MARC L. LUBET

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

209 E. RIDGEWOOD ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

400024425114

11/05/03 01002 002 \*\*15.75

**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

*Marc L. Lubet*

REGISTERED AGENT MUST SIGN

Date 10-30-03

**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
P	ROBERT L. SCHWIERKING	1820 N. MILLS AVE	ORLANDO, FL 32803
VP	ROBERT L. SCHWIERKING	1820 N. MILLS AVE.	ORLANDO, FL 32803
T	ROBERT L. SCHWIERKING	1820 N. MILLS AVE.	ORLANDO, FL 32803
S	ROBERT L. SCHWIERKING	1820 N. MILLS AVE	ORLANDO, FL 32803

**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:**

*Robert L. Schwierking*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 (407) 325-1371

Date

Daytime Phone #

CR2E061 (10/02)

01

RBD Tile, Inc.  
P.O. Box 533078  
Orlando, FL 32853-3078

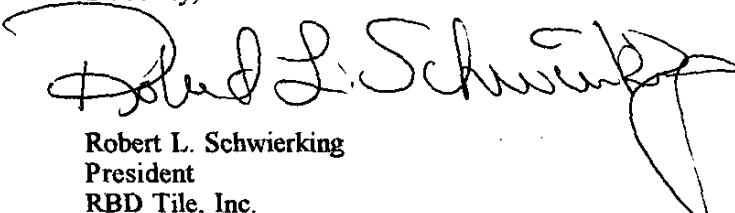
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 30, 2003

I am applying for Corporation Reinstatement for RBD Tile, Inc. Enclosed is a check for \$158.75 for the Annual Report Fee of \$61.25, Corporate Supplemental Fee of \$88.75 and Certificate of Status Fee of \$8.75.

There was a change in the business address and officers and we never received any correspondence.

Sincerely,



Robert L. Schwierking  
President  
RBD Tile, Inc.