## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

REINSTATEMENT	Secretary of S	
DOCUMENT # P02000  1. Corporation Name	0078457	03 NOV 2L AM 8: 23
FLORIDA TILE LOADERS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
2945-C EAST BAY DRIVE #120 LARGO FL 33771	2945-C EAST BAY DRIVE #120 LARGO FL 33771	REINSTA TATENT OF
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	New Mailing Office Address,	f Applicable  4. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 FEI, Number
City & State	City & State	D4-3703204 Not Applicable
Zip Country	Zip Counti	79 CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpor	ations must list at least 3 directors)
Title(s) Name of Officers and/or Directors		reet Address of Each flicer and/or Director  City / State / Zip 4
Pres. Randy Hendri	ck 1956Wc	11724,03-01129-010 **150.00
8. Name and Address of Current I	Registered Agent	9. Name and Address of New Registered Agent
BENWARE, ALAN J 2401 WEST BAY DRIVE 410 LARGO FL 33770	Tagento Agent	Street Address (P.O. Box Nurtuber is No Acceptable) Suite, Apt. #, Etc.  State Zip Code
Note that the registered agent of the about 10. I, being appointed the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent of the about 10. I in the registered agent 10	ve named corporation, am familiar w	rith and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.
Signature of Registered Agent May Wide of	'	IRED Date 11 21 03
		this application as provided for in chapter 607 or 617, F.S. I further certify that when filing orate 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.

## Florida Tile Loaders, Inc. 2945-C East Bay Drive #120 Largo, FL 33771

F-11-15

November 6, 2003

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual Corporate Report

To Whom It May Concern:

Enclosed please find my 2003 Uniform Business Report and a check in the amount of \$150 to cover the fee for filing.

I originally sent in my original UBR and a check in April 2002. I have checked with my bank and the check was never processed. Also, your office has no record of receiving it.

Please accept the enclosed replacement report and my check for the original filing fee.

Thank you in advance for your cooperation.

Sincerely