

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000118878

1. Corporation Name

SUPERIOR TILE INC

Principal Place of Business

Mailing Address

5344 REEF DR  
NEW PORT RICHEY FL 34652

5344 REEF DR  
NEW PORT RICHEY FL 34652

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/2002

5. FEI Number

22-388 1543

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	AHMETSPAHC, SAFET	5344 REEF DR	NEW PORT RICHEY FL 34652
V	AHMETSPAHC, MEDIHA	5344 REEF DR	NEW PORT RICHEY FL 34652

800023968048  
10/21/03--01058--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHMETSPAHC, SAFET  
5344 REEF DR  
NEW PORT RICHEY FL 34652

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Ahmet Spahic Safet*  
REGISTERED AGENT MUST SIGN

Date 10.14.03.

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

*Ahmet Spahic Safet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHMETSPAHC SAFET

10.14.03.

Date

Daytime Phone #

(727) 143-3907

CR2E040 (7/03)

**ROBERT J. FEDOR**  
CERTIFIED PUBLIC ACCOUNTANT  
10422 U.S. Highway 19  
Port Richey, FL 34668  
(727) 863-0223

January 9, 2004

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

RE: Superior Tile Inc  
Ref Number: P02000118878

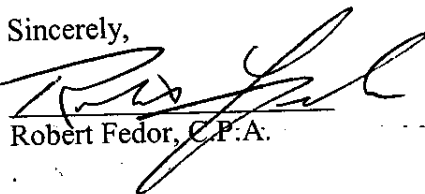
Dear Sir/Madam,

Please be advised that my client has stated that he did not receive an annual report for the year 2003 until October of that year.

He immediately completed the report and sent in his \$150 fee which you kept.

Please waive the late penalty for this company This was their first year of business, they are immigrants from another country and they are trying to comply with our laws to the best of their ability.

Sincerely,



Robert Fedor, C.P.A.