

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN -3 AM 8:47

DOCUMENT # PD3 0000 58920

1. Corporation Name

THE ORIGINAL IDEA T, Inc, INC

2. Principal Office Address

1192 E CARROLL ST

Suite, Apt. #, etc.

3. Mailing Office Address

1192 E. CARROLL ST

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

4. Date Incorporated or Qualified
To Do Business in Florida

5-29-2003

5. FEI Number

16-1669707

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

TOMAS TATIS

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

1192 E CARROLL ST

Suite, Apt. #, Etc.

City

KISSIMMEE, FL

State

FL

Zip Code

34744

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

12/20/04

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/T/D	TOMAS TATIS	1192 E. CARROLL ST	KISSIMMEE, FLORIDA 34744

200043652822
12/27/04--01091--003 **300.00

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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/04

Daytime Phone #

407-518-0339

CRCE081 (01/04)

CRCE081 (01/04)

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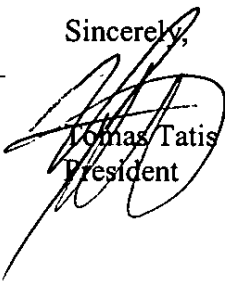
December 22, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of \$300.00 and the reinstatement form for "The Original Idea Tile, Inc." Doc# P03000058920. Per telephone conversation with you today with your department, this will cover the amount due to restore our corporation with the state for this year and for 2005. Please accept our apologies for the delay it seems that we never had any information to renew said corporation we did not get the papers to renew our corporation previously. We guess it had to do with the change of address that was never process and you mailed information to the old address. Please accept our apology and check for this and next year. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,


Thomas Tatis
President