

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000073318

1. Entity Name  
LECLERC TILE & MARBLE, INC.



FILED

04 NOV 18 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1440 OVERBROOK RD  
SARASOTA, FL 34223

Mailing Address  
1440 OVERBROOK RD  
SARASOTA, FL 34223

2. Principal Place of Business  
1440 Overbrook Road

3. Mailing Address  
1440 Overbrook Road

11012004 REIN-P CR2E098 (6/04)

City & State  
Englewood, Florida

City & State  
Englewood, Florida

4. FEI Number  
30-0199073

Applied For  
Not Applicable

Zip 34223 Country U.S.A.

Zip 34223 Country U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, BRENT J  
3859 BEE RIDGE RD STE 101  
SARASOTA, FL 34233

Name  
MYERS, BRENT J.  
Street Address (P.O. Box Number is Not Acceptable)  
3859 Bee Ridge Road  
Suite 101  
City Sarasota FL Zip Code 34233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE 11/14/04

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LECLERC, JAMES  
STREET ADDRESS 1440 OVERBROOK RD  
CITY-ST-ZIP SARASOTA, FL 34223

TITLE D ☒ Change ☐ Addition  
NAME LECLERC, JAMES  
STREET ADDRESS 1440 Overbrook Road  
CITY-ST-ZIP Englewood, Florida 34223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 11/10/04 DAYTIME PHONE #