

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000100 273

1. Corporation Name

Indian River Tile, Inc.

2. Principal Office Address

301 S. MIRAMAR #

Suite, Apt. #, etc.

205

City & State

Indian River, FL

Zip

32903

Country

U.S.

3. Mailing Office Address

301 S. MIRAMAR

Suite, Apt. #, etc.

205

City & State

Indian River, FL

Zip

32903

Country

U.S.

FILED

06 MAR 28 AM 8:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/03

5. FEI Number

11-3704153

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

David Thomas Aitken

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

301 S. Miramar Ave

Suite, Apt. #, Etc.

#205

City

Indian River

State

FL

Zip Code

32903

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

*David T. Aitken*

Date

3/22/06

REGISTERED AGENT MUST SIGN

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
Pres.	David T. Aitken	301 S. Miramar Ave	Indian River, FL 32903

500069448005

04/04/06--01055--016 \*\*450.00

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 contained in Chapter 119, 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:

*David T. Aitken*

David T. Aitken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/06 (321) 698-5674

Daytime Phone #

## *Indian River Tile, Inc.*



301 S. Miramar Ave., #205  
Indialantic, FL 32903

Licensed & Insured

Cell: 321-698-5674  
Fax: 321-725-2307

To whom it may concern,

I, David T. Aitken, of Indian River Tile Inc. Have recently learned of the non-existence of my corporation. I have never received a notice from the state and was completely un-aware.

I am asking to be waived of all fines, it was my first offence. I would like to pay all of the annual report fees for 2004, 2005, and 2006. I hope that we can work this out. I will continue to make my annual report on time in the future.

Thanks for your consideration,

David T. Aitken