

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 JUL -5 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000101020

1. Corporation Name R+D Tile + Design, Inc
14617 67 ST North
Loxahatchee, FL, 33470

2. Principal Office Address

14617 67th ST N.

Suite, Apt. #, etc.

3. Mailing Office Address

same as above

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Zip

33470

Country

Palm Beach

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/03

5. FEI Number

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

Jennifer Mohl

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

14617 67 ST North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Jennifer Mohl

Date

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
EP	Jennifer Mohl	14617 67 ST N	Loxahatchee FL 33470
VP	Randy Mohl	13883 76 Rd N	W PB FL 33412

000077403920
07/12/06--01065--025 **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:

Jennifer Mohl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/06 561-718-9070

Daytime Phone #

R & D TILE & DESIGN, INC.

May 18, 2006

Dear Sir or Madam,

This letter is in reference to document number PO3000101020 - R+D Tile & Design.

I am ~~writing~~ writing this letter ~~and hope~~ as a request to please waive the reinstatement & penalty fees?

We were seriously damaged (our office/home) during the 2004 ~~and~~ hurricanes, I did send out the annual report in 2005, but for some reason you didn't receive it.

There was no way for me to check we were with out power over 45 days and didn't get phone service back until the beginning of December. Then came the holidays. Our company is just now - hopefully! going to be getting started I have enclosed a check for \$300.00, 150 for each year. Please contact me if there are any questions 361-718-9070
Thank you!

Sincerely,
Jennifer Mphl

14617 67th Street
North
Loxahatchee, FL 33470

PHONE (561) 791-3415
FAX (561) 422-3222