

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 20 AM 8:50

DOCUMENT # **P03000117984**

1. Corporation Name

TILE KREATIONS

2. Principal Office Address

931 OHARA DR

3. Mailing Office Address

931 OHARA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

City & State

ROCKLEDGE, FL

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

200332470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee required
for a Certificate of Status

REINSTATEMENT

05

7. Name and Address of Current Registered Agent

Name

KLANGTHAMNIEM, T.

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

931 OHARA DR

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-24-05**

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.VST	KLANGTHAMNIEM, T.	931 OHARA DR.	ROCKLEDGE, FL 32955
			600054922146 05/20/05--01060--005 **750.00
			600054922146 05/20/05--01060--005 **150.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(KLANGTHAMNIEM, T.)

Date

3/24/05 (321) 536-1605

Daytime Phone #

CR2E081 (10/02)