

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL -2 A 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400182869854
07/02/10--01035--011 **1058.75

CR2E081 (6/10)

DOCUMENT # *P03000119613*

1. Corporation Name

Extreme Tile & Marble Inc.

2. Principal Office Address - No P.O. Box #

9224 N. Eubanks Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

9224 N. Eubanks Terr.

Suite, Apt. #, etc.

City & State

Dunnellon Fl.

City & State

Dunnellon Fl.

Zip

34433

Country

Citrus

Zip

34433

Country

Citrus

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/03

5. FEI Number

27-0069905

☐ 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

Michael Porta

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

9224 N. Eubanks Terrace

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34433

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

6/30/10

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
<i>Pres.</i>	<i>Michael Porta</i>	<i>9224 N. Eubanks Terr.</i>	<i>Dunnellon, FL 34433</i>

REINSTATEMENT

10. E-mail Address: *extreme tile and marble - 7 @ Yahoo . Com*

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

6/30/10

Daytime Phone #

(352) 615-1180