

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000119613*

1. Corporation Name

Extreme Tile & Marble Inc.

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

6428 W. Monticello St.

Suite, Apt. #, etc.

3. Mailing Office Address

6428 W. Monticello St.

Suite, Apt. #, etc.

City & State

Homosassa Fl.

City & State

Homosassa Fl.

Zip

34448

Country

USA

Zip

34448

Country

USA

800220057658
01/31/12--01003--013 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

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

Michael Porta

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

6428 W. Monticello St.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34448

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 *1/30/12*

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>6428 W. Monticello St.</i>	<i>HOMOSSASSA FL 34448</i>

10. E-mail Address: *extremetileandmarble@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 1 - 2012
T. SCOTT