

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000131300

1. Entity Name  
ASHTON TILE, INC.



FILED

04 DEC 21 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
728 LAKE NED ROAD  
WINTER HAVEN, FL 33884

Mailing Address  
728 LAKE NED ROAD  
WINTER HAVEN, FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052004

REIN-P

CR2E098 (6/04)

4. FEI Number

200415271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHTON, GREGORY S  
728 LAKE NED ROAD  
WINTER HAVEN, FL 33884

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Guguy Ashton*

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/15/04  
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ASHTON, GREGORY S  
STREET ADDRESS 728 LAKE NED ROAD  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ASHTON, JUSTIN C  
STREET ADDRESS 1910 16TH STREET NORTHWEST  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100043554171  
12/21/04--01020--016 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*AR/21*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guguy Ashton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/04 863-  
5810673  
Date Daytime Phone #