

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000135558

1. Entity Name
SANDPIPER TILE, INC.



Principal Place of Business
35 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174

Mailing Address
35 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174

2. Principal Place of Business
15 Tomoka Meadows Blvd.
Suite, Apt. #, etc.

3. Mailing Address
15 Tomoka Meadows Blvd.
Suite, Apt. #, etc.

City & State
Ormond Beach, FL 32174

City & State
Ormond Beach, FL 32174

4. FEI Number
20-0596933

Applied For
Not Applicable

Zip Country

Zip Country

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

HARRIS, DAVID A.
35 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174

Name
Harris, David A.
Street Address (P.O. Box Number is Not Acceptable)
15 Tomoka Meadows Blvd.
City
Ormond Beach, FL 32174

FL Zip Code
32174

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: *David Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, DAVID A 35 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Harris, David A. 15 Tomoka Meadows Blvd. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100050693711
04/14/05--01010--011 **300.00

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: *David Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05
Date

Daytime Phone #

FILED

05 APR -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E098 (6/04)

04-05