

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136035

1. Corporation Name

ALL-TILE THE CORPORATION

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

30555 BIRDHOUSE DR

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33544

Country

US

3. Mailing Office Address

30555 BIRDHOUSE DR

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33544

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-2003

5. FEI Number

83-0377555

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3075 Additional Fees Required
(See Codebook 9/03)

7. Name and Address of Current Registered Agent

Name

PEREZ, JOEL

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

30555 BIRDHOUSE DR

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33544

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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,D,T	PEREZ, JOEL K	30555 BIRDHOUSE DR	WESLEY CHAPEL, FL 33544

REINSTATEMENT: 05-07

B 8/15/07

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08/10/07--01024--015 **1050.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-08-07

Date

(813)

966-6698

Daytime Phone #