

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 AM 9:10

DOCUMENT # P03000145529

1. Corporation Name

PETE HANKOSKY TILE, INC.
P.O. BOX 2381
LAKELAND, FL 33806

800074536598
05/15/06--01003--001 **450.00

2. Principal Office Address

P.O. BOX 2381

3. Mailing Office Address

P.O. BOX 2381

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33806

Country

Polk

Zip

33806

Country

Polk

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/03

5. FEI Number

90-0127679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

E. PETER HANKOSKY

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

1109 WEST WALNUT STREET

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33815

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

E. Peter Hankosky
REGISTERED AGENT MUST SIGN

Date

APR 26 2006

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	E. PETER HANKOSKY	1109 WEST WALNUT STREET	LAKELAND, FL 33815

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

E. Peter Hankosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 26 2006 (813) 398-5192

Daytime Phone #

2072

MICHAEL E. DOLCE CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT

1708 MOCKINGBIRD LANE
LAKELAND, FLORIDA 33801

PHONE (863) 688-6685
FAX (863) 688-5293

April 25, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

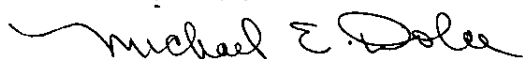
Re: Corporation Reinstatement
Pete Hankosky Tile, Inc.
Document #P03000145529

Dear Sir/Madam:

Enclosed please find an application of reinstatement for the above corporation. Please be advised that the taxpayer did not receive the annual report notices. Had they received the notices they would have promptly been paid. We are asking that you waive the \$600.00 Reinstatement Fee. Enclosed is a check for \$450.00 (\$122.50 Annual Report Fee, \$177.50 Corporate Supplemental Fee and the \$150.00 Annual Report Fee for 2006.

Thank you for your assistance in this matter. If you have any questions please contact me or the taxpayer.

Very truly yours,



Michael E. Dolce

MED/kd

Enclosures