

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000148204

1. Corporation Name

VICTOR DEMICK TILE INC.

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

684 INDIAN RIVER DR.

Suite, Apt. #, etc.

3. Mailing Office Address

684 INDIAN RIVER DR.

Suite, Apt. #, etc.

City & State

MELBOURNE

City & State

MELBOURNE

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

7. Name and Address of Current Registered Agent

Name

HILL ACCOUNTING Barb Napolitan

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

314 LAURIE ST.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/03

5. FEI Number

20-0458196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

See attached

Date **02/07**

REGISTERED AGENT MUST SIGN

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	VICTOR J DEMICK	684 INDIAN RIVER DR.	MELBOURNE

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:

Victor J Demick

VICTOR J DEMICK

02/07

3215369092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VICTOR DEMICK TILE INC.
2. The principal office address: 684 INDIAN RIVER DR., MELBOURNE FL. 32935
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/03 Document number: P03000148204
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARK W BOWMAN CPA

700 N. WICKHAM RD.103

MELBOURNE FL.32935

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BARB NAPOLITAN

314 LAURIE ST.

(P.O. Box NOT acceptable)

MELBOURNE FL.32935

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Victor Demick
(Signature of an officer or director)

VICTOR DEMICK PRESIDENT

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Barbara Napolitan
(Signature of Registered Agent)

02/12/07

(Date)

If signing on behalf of an entity:

HILL ACCOUNTING & TAX SERVICE
(Typed or Printed Name)

*** FILING FEE \$35.00 ***