

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 18 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100109562571  
09/18/07--01020--012 \*\*\$8.75

100109562571  
09/18/07--01020--011 \*\*\$600.00

**REINSTATEMENT** 04-67  
F. CR2E0817(1/07)

DOCUMENT # PO3000150440

1. Corporation Name

Gulf Coast Tile Masters, Inc.

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

1317 E 149th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33549

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chester McKee Sr

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

1317 E 149th Ave

Suite, Apt. #, Etc.

City

Lutz,

State

FL

Zip Code

33549

☒ 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

Chester McKee Sr

REGISTERED AGENT MUST SIGN

Date 9-11-07

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
VP	Chester McKee Sr		
VP	Patrick Miller		
Treas	Linda Miller		

*same as above*  
9/11/07

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:

Chester McKee Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/07 813-952-7163

Date

Daytime Phone #