

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150600		
1. Entity Name MARSHALL CERAMIC FLOORS, INC.		

FILED

05 MAY 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 REINSTATEMENT CB2E098 (004) -05

Principal Place of Business 1105 CORNELL DR SANFORD, FL 32771	Mailing Address PO BOX 540371 ORLANDO, FL 32771
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2. Principal Place of Business 143 Denton Ave. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2061 Suite, Apt. #, etc.
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City & State Auburndale, FL	City & State Auburndale, FL
Zip 33823	Zip 33823
Country USA	Country USA

4. FEE Number 59-0715055	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLAYTON, CHARLES 1034 S PINE RIDGE CIRCLE SANFORD, FL 32773	
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7. Name and Address of New Registered Agent Name Slayton, Charles Street Address (P.O. Box Number is Not Acceptable) 172 Madalyn Ct. City Auburndale FL Zip Code 33823	
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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 Charles Slayton Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 5/9/05	
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, DWIGHT PO BOX 540371 ORLANDO, FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAYTON, CHARLES 1034 S PINE RIDGE CIR SANFORD, FL 32773 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marshall, Dwight ☒ Change ☐ Addition P.O. Box 2061 Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Slayton, Charles ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 09-01-04 90003 036 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 05/19/05--01056--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Dwight Marshall Signature and typed or printed name of signing officer or director DATE 5/9/05 (407) 973-2564 Date Daytime Phone #	
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MARSHALL CERAMIC FLOORS, INC.
PO BOX 2061
AUBURNDALE FL 33823

Attn: Gary or responder.

On April 28th, 2005 I had spoken with you on behalf of my Annual report. As you told that a correction was sent back to you on my last filing.

This form is fully filled out and I respectfully ask for you to waive the fee for I didn't receive information on status. Enclosed is my \$150.⁰⁰ Annual filling fee please adjust & let me know how ~~it~~ stand with Dept.

Thank you
Dwight Marshall
(Marshall Ceramic Floors)