

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -9 PM 3:28

TALLAHASSEE, FLORIDA

DOCUMENT # P03000151651

1. Corporation Name

Coastal Tile of Flagler, Inc.

2. Principal Office Address

4984 Palm Coast Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 1442
Suite, Apt. #, etc.

City & State

Palm Coast

City & State

Flagler Bch, FL

Zip

32137

Country

USA

Zip

32136

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04

5. FEI Number

51-0494769

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

Tim Deaton

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

19 Uhlerwood Ct.

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

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

T-D

Date

2-13-06

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
Dir. owner	Tim Deaton	19 Uhlerwood Ct.	Palm Coast, FL 32164

300069050353

03/30/06-01038-013 **450.00

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:

T-D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

Date

904-237-2038

Daytime Phone #

292

February 14, 2006
Timothy Deaton
Coastal Tile of Flagler, Inc.
P.O. Box 1442
4984 Palm Coast Parkway
Flagler Beach, Fl. 32136
FEI #51-0494769

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Good day,

I am writing to inform you that I have just discovered that the occupational license for the above company has expired. I was not aware that these monies were due, or that a request for payment had been made. I am writing to notify you that I did not receive the notice of renewal.

I have enclosed a check in the amount of \$450.00 .

Annual Report Fee: 61.25 & 88.75 Year 2004

Annual Report Fee: 61.25 & 88.75 Year 2005

Annual Report Fee: 61.25 & 88.75 Year 2006

Total: 450.00

Please be advised that the above company did not receive the annual report notices for the years of 2004 and 2005.

Thank you for you time,



Timothy R. Deaton
Owner/Director
Coastal Tile of Flagler, Inc.