

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 3:22

DOCUMENT # P03000152998

1. Corporation Name

FALLIN TILE & MARBLE INC

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

7127 YOUNG STREET

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

USA

3. Mailing Office Address

7127 YOUNG STREET

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

USA

700171739757
03/10/10--01025--002 **458.75
REINSTATEMENT 08-10

4. Date Incorporated or Qualified

To Do Business in Florida 12/11/2003

5. FEI Number

20-0544156

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

STEPHEN L. FALLIN

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

7127 YOUNG STREET

Suite, Apt. #, Etc

City

BROOKSVILLE

State

FL

Zip Code

34601

☒ 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

Stephen L. Fallin
REGISTERED AGENT MUST SIGN

Date 03/01/2010

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
PRES	STEPHEN L. FALLIN	7127 YOUNG STREET	BROOKSVILLE, FL 34601
VP	MICHAEL M. FALLIN	34168 RIDGE MANOR BLVD	DADE CITY, FL 33523

10. E-mail Address: fts1974@earthlink.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Stephen L. Fallin PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2010 (352)999-2948

Date

Daytime Phone #