

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAR 21 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03112005 REIN-P CR2E098 (6/04) *MRD*

<b>DOCUMENT # P03000156448</b> 1. Entity Name <b>T&amp;T TILE INSTALLATIONS, INC.</b>					
Principal Place of Business <b>970 HADDOCK DR. CLERMONT, FL 34711</b>			Mailing Address <b>970 HADDOCK DR. CLERMONT, FL 34711</b>		
2. Principal Place of Business <i>945 Haddock Dr</i>		3. Mailing Address <i>945 Haddock Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>CLERMONT, FL</i>		City & State <i>CLERMONT, FL</i>		4. FEL Number <b>20-0537108</b>	
Zip <i>34711</i>		Country <i>USA</i>		Zip <i>34711</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PIHS, JOSEPH</b> <del>970 HADDOCK DR.</del> <b>CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>945 HADDOCK DRIVE</i> City <b>FL</b> Zip Code	
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.					
<b>REINSTATEMENT</b> <i>04-05</i>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$900.00</b> </div> <div style="border: 1px solid black; padding: 5px; width: 300px;"> <i>(650 penalty / 150 orig file fee) (150 for this year)</i> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIHS, JOSEPH 970 HADDOCK DR. CLERMONT, FL 34711	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <i>Joseph Pihs</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>3/15/05</b>  <small>Date</small> </div> <div> <b>407 729-3797</b>  <small>Daytime Phone #</small> </div> </div>					