# 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P04000000592

**1.** Entity Name
MARK BURNS TILE SETTERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6384 ROBIN COVE<br>BRADENTON, FL 34202 | 6384 ROBIN COVE<br>BRADENTON, FL 34202 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10152004     REIN-P     CR2E098 (6/04)

| **2.** Principal Place of Business | **3.** Mailing Address | | |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **4.** FEI Number<br>20-0546932 | ☐ Applied For<br>☐ Not Applicable |
| City & State | City & State | **5.** Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| Zip | Country | Zip | Country |

| **6. Name and Address of Current Registered Agent** | **7. Name and Address of New Registered Agent** |
|---|---|
| BURNS, MARK<br>6384 ROBIN COVE<br>BRADENTON, FL 34202 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City _____ **FL** 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.

SIGNATURE _/Mark Burns_   MARK BURNS   / 10/27/04
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| FILE NOW!!! FEE IS $150.00<br>After January 1, 2005, Fee will be $300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|

| **10.** | OFFICERS AND DIRECTORS | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURNS, MARK<br>6348 ROBIN COVE<br>BRADENTON, FL 34202 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600042606466<br>11/09/04--01069--016 **150.00 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** _/Mark Burns_   MARK BURNS   / 10/27/04   / 9417047576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #