

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016678

1. Entity Name
TONY THE TILE MAN INC.



Principal Place of Business
26 CASCA BELLES
MARY ESTHER, FL 32569 US

Mailing Address
26 CASCA BELLES
MARY ESTHER, FL 32569 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02272008 REIN-P CR2E098 (1/07)

4. FEI Number
20-0651722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANELLA, NICHOLAS R
434 TANGLEWOOD COURT
FORT WALTON BEACH, FL 32547

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 PD
NAME GAROFALO, ANTHONY J ☐ Delete
STREET ADDRESS 26 CASCA BELLES
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition
NAME 900119359489
STREET ADDRESS 03/04/08--01016--020
CITY-ST-ZIP ***300.00

TITLE SD
NAME GAROFALO, LETITIA ☐ Delete
STREET ADDRESS 26 CASCA BELLES
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME GAROFALO, ANTHONY J III ☐ Delete
STREET ADDRESS 26 CASCA BELLES
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTHONY GAROFALO

408 862 1731

APPROVED
AND
FILED

08 MAR -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 3-6-08

REINSTATEMENT 0208