

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 10 AM 8:31

DOCUMENT # P04000025879

1. Corporation Name

Treasure Coast Tile, CORP.

2. Principal Office Address

5911 Silver Oak DR

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34982

Country

ST. Lucie

3. Mailing Office Address

5911 Silver Oak DR

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34982

Country

ST. Lucie

REINSTATEMENT 05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/2004

5. FEI Number

33-1104279

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

Frederick W. Hahn

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

5911 Silver Oak Dr

Suite, Apt. #, Etc.

~~FORT PIERCE, FL~~

City

Fort Pierce, FL

State

FL

Zip Code

34982

300080644353

10/10/06-01007-007 \*\*908 75

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

Frederick W. Hahn

REGISTERED AGENT MUST SIGN

Date 10-6-06

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
P- President	Frederick W. Hahn	5911 Silver Oak Dr	Fort Pierce, FL 34982

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:

Frederick W. Hahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06-06(772)224-0627

Date

Daytime Phone #

OCT 10 2006