

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -4 PM 12:33

DOCUMENT # **P04000044533**

1. Corporation Name

SCOTT CASTELLO CERAMIC TILE INC.

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

8255 DICKIE DRIVE

Suite, Apt #, etc.

3. Mailing Office Address

8255 DICKIE DRIVE

Suite, Apt #, etc.

City & State

JAX. FLA.

City & State

JAX. FLA.

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/2004

5. FEI Number

20-0820688

☐ 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

JOSEPH SCOTT CASTELLO

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

8255 DICKIE DRIVE

Suite, Apt #, Etc.

City

JAX. FLA.

State

FL

Zip Code

32216

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

Scott Castello

Date

REGISTERED AGENT MUST SIGN

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	SCOTT CASTELLO	8255 DICKIE DR.	JAX FLA 32216

REINSTATEMENT

10. E-mail Address: **SCOTT CASTELLO TILE @ YAHOO.COM**

(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:

Scott Castello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/10

Date

Daytime Phone #

904 993 0442