## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  10 FEB 16 AN II: 23  SLURE TALLAMASSEE FLORIDA
DOCUMENT # PO4000067/37  1. Corporation Name Tico Tile And Marble Inc.		TALLAMAINEE FLORMA 300169011073 02/16/1001033019 **1058.75
2. Principal Office Address - No P.O. Box # 908 S.E. 16 Hh S+.  Suite, Apt. #, etc.	3. Mailing Office Address 6255 DiMond Str Suite, Apt. #, etc.	REINSTATE: 07-10
City & State  Deerfield Beach, Fl.  Zip Country	City & State  Jupiter, Fl.  Zip  Country  J33458  Country  Country  Country	4. Date Incorporated or Qualified To Do Business in Florida       4. 22.2004         5. FEI Number       Applied For Not Applicable
Zip Country U.S. A.	33458 U.S.A.	CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
Name Thomas Carl Mize  Street Address (P.O. Box Number is Not Acceptable) 6255 Dimond St.  Suite, Apt. #, Etc.  City Jupiter  Thomas Carl Mize  State Zip Code FL 33458		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 2 1/2 2010  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and Titles Name of	d/or Director (Florida nonprofit corporations must list at le Street Address of Each	
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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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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