PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI				Secretar	TMENT OF by of State corporation		C	ic IIIN	ILED I-8 AM	111: 24 F STATE FLORIDA	
DOCUMENT # P040000 93254 1. Corporation Name								Ĭ	ALLA	HASSEE	LEGIANI	
T.A.K TILE INSTALLATION, INC												
2. Principal Office Address 3. Mailing				Office Address			CR2E081 (12/05) 05-06					
Suite, Apt. #, etc. 3866 SINFROINT Lane Suite				Suite, Apt. #,	ie. ADI. #, etc. 38GG SIMFROINT LANE			4. Date Incorporated or Qualified To Do Business in Florida				
City & State UAX . FLORIDA			City & State UAY . FLORIDA			OA	5. FEI Number Applied For Not Applicable					
Zip 322/0	32216 Country JUYAL		^{Zip} 32216		OUVA!	_	6. CERTIFICATE OF STATUS DESIRE			\$8.75 Additi for a Certi	onal Fee required ficate of Status	
7. Name and Address of Current Registered Agent												
	Name TRUONG, THANH T											
Ī	Street Address (P.O. Box Number is Not Acceptable)											
ŀ	Suite, Apt. #, Etc.											
	THICKSON VILLE								State FL	Zip Code 3211	6	
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											3, F.S.	
Registered Agent REGISTERED AGENT MUST SIGN									Date _	6/	6/06	 -
9. Names a	ind Street Ad	dresses	of Each Officer and	l/or Director (Flo	rida nonpro	ofit corporations	must list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			· · · · · · · · · · · · · · · · · · ·	City / State / Zip				
PRESIDENT	TRUOM	IG.	THANH -	T	386	6 Silve	RPOINT	ANE	JÆ	х. <u>Д</u>	3221	6
VICE PR	F. PR NOUYEN, JIMMY				ľ					_	11	
					dru/13							
								5. 06/20	100 1/06	763 01062-	9623 -019 **	:5 *900.00
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: SIGNATURE: Date Dayling Phone #												
	SIG	NATURE	AND TYPED OR PRI	NTED NAME OF 8	SIGNING OF	FICER OR DIREC	TOR	/ /	Date	- '	Daytime Phone	*