

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FILED

2006 OCT -9 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000143184

1. Corporation Name

EUROPE TILE AND STONE INC

2. Principal Office Address

11049 LOSCO JUNCTION DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

Country

Zip

Country

32257

REINSTATEMENT

05-06

6/5/06 90146 008
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2004

5. FEI Number

20-1864441

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

PETER SEPER

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

11049 LOSCO JUNCTION DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

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

Scrup Center

REGISTERED AGENT MUST SIGN

Date

10/4/06

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
D DIRECTOR	MILAN SEPER	11049 LOSCO JUNCTION DRIVE	JACKSONVILLE, FL 32257
T OFFICER	PETAR SEPER	11049 LOSCO JUNCTION DRIVE	JACKSONVILLE, FL 32257

000090781800
10/12/06--01/05/07--014 **350.00

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 under section 119.07(3)(i), 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:

Milan Seper

DIRECTOR

10/4/06

Date

(904) 955-6414

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/06