

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 28 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000149975

1. Corporation Name

Drinks Tiled Marble Service Inc.

000158592000
07/16/09--01043--006 **450.00

REINSTATEMENT 07-09

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

2500 N.W. 36 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

2500 N.W. 36 Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33311

Country

Florida

City & State

Fort Lauderdale

Zip

33311

Country

Florida

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-2004

5. FEI Number

611469263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name HOWARD DRINKS TILE SERVICE INC.

Street Address (P.O. Box Number is Not Acceptable) 2500 N.W. 36 Terrace

Suite, Apt. #, Etc.

City Fort Lauderdale

State

FL

Zip Code

33311

☒ 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 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 Howard Drinks Tile Service Inc.

REGISTERED AGENT MUST SIGN

Date July 13-2009

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
President	Howard Drinks	2500 NW 36 Terr.	Fort Lauderdale FL 33311

REINSTATEMENT

RH

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:

Howard Drinks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13-2009 954-7936598

Date

Daytime Phone #