

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC -1 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000160517

1. Corporation Name

MCINTYRE TILE INC

REINSTATEMENT

2. Principal Office Address

10275 ST. AUGUSTINE RD.

3. Mailing Office Address

10275 ST. AUGUSTINE RD.

Suite, Apt. #, etc.

APT. # 311

Suite, Apt. #, etc.

APT. # 311

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

Zip

32257

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/2004

5. FEI Number

201932870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

ALL FLORIDA FIRM INC.

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

465 S VOLUSIA AVE

Suite, Apt. #, Etc.

SUITE C

City

ORANGE CITY

State

FL

Zip Code

32763

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

Devin Newman - Ass. Secretary

Date

11/21/2006

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P      | MCINTYRE, MICHAEL                    | 10275 ST. AUGUSTINE RD.                           | JACKSONVILLE, FL 32257 |
| VP     | MCINTYRE, MARLAN                     | 10275 ST. AUGUSTINE RD.                           | JACKSONVILLE, FL 32257 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

12701708-01055-012 \*\*300.00

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:

Michael A. McIntyre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-06

Daytime Phone #

904-703-2577