

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000006982

Entity Name: FLORIDA KING TILE, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

5242 SNOWY HERON DR
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

5242 SNOWY HERON DR
LAKELAND, FL 33812

New Mailing Address:

5242 SNOWY HERON DR
LAKELAND, FL 33812

FEI Number: 20-2161088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTRA, ABEL
5242 SNOWY HERON DR
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ABEL UTRA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UTRA, ABEL B
Address: 5242 SNOWY HERON DR
City-St-Zip: LAKELAND, FL 33812

Title: VP () Delete
Name: UTRA, ABEL B
Address: 5242 SNOWY HERON DR
City-St-Zip: LAKELAND, FL 33812

Title: S () Delete
Name: UTRA, ABEL B
Address: 5242 SNOWY HERON DR
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL UTRA

Electronic Signature of Signing Officer or Director

P

10/27/2008

Date