


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 23 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P05000120676			
1. Entity Name TILE MARKET AND DESIGN CENTER VERO BEACH, INC.			
Principal Place of Business 425 BUCHANAN AVENUE, UNIT 506 CAPE CANAVERAL, FL 32920 US		Mailing Address 425 BUCHANAN AVENUE, UNIT 506 CAPE CANAVERAL, FL 32920 US	
2. Principal Place of Business - No P.O. Box # 397 SOUTH HAMPTON DR Suite, Apt. #, etc.		3. Mailing Address 397 SOUTH HAMPTON DR Suite, Apt. #, etc.	
City & State INDIAN LANTIC, FL		City & State INDIAN LANTIC, FL	
Zip 32903		Country FLORIDA	
4. FEI Number 20-3446768		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEONARD, L. G CPA PA 1485 N. ATLANTIC AVE., SUITE 102 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HESS, DIANE E 425 BUCHANAN AVENUE, UNIT 506 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104425935 06/15/07--01030-01 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Diane E. Hess</u>		Date: 4-30-07 772-978-1212	