

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20808

DOCUMENT # P06000000477

1. Corporation Name

Danny's Tile Installation Service, Inc.

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

113 Cesara Drive

Suite, Apt. #, etc.

City & State

Mulberry, Florida

Zip

33860

Country

Polk

3. Mailing Office Address

113 Cesara Drive

Suite, Apt. #, etc.

City & State

Mulberry, Florida

Zip

33860

Country

Polk

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/03/2006

5. FEI Number
20-4039990

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

Daniel K Caveney

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

113 Cesara Drive

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

☒ 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 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

Daniel K Caveney

Date 02/21/2008

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Daniel K Caveney	113 Cesara Drive	Mulberry, Florida 33860
VP	Tanda Caveney	113 Cesara Drive	Mulberry, Florida 33860

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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:

Daniel K Caveney

Daniel K Caveney

02/21/2008 863-660-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #