

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO7000027545

1. Corporation Name

All Discount Tile Inc.

2. Principal Office Address - No P.O. Box #
4909 NUS 1

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip Country
32927 US

3. Mailing Office Address

5525 Fairbridge St.

Suite, Apt. #, etc.

City & State

Cocoa FL 32927

Zip Country
32927 US

7. Name and Address of Current Registered Agent

Name
Joseph Zucker

Street Address (P.O. Box Number is Not Acceptable)
5525 Fairbridge St.

Suite, Apt. #, Etc.

City
Cocoa

State
FL

Zip Code
32927

4. Date Incorporated or Qualified
To Do Business in Florida

03/07

5. FEI Number 26-1363400

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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 Joseph Zucker

REGISTERED AGENT MUST SIGN

Date 12/02/08

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
Treasurer	Robert Joseph Zucker	4725 Miramar St.	Cocoa FL 32927
Secretary	Matthew Corey Signell	4690 Albany St.	Cocoa FL 32927
President	Joseph Anthony Zucker	5525 Fairbridge St.	Cocoa FL 32927

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:

Joseph A. Zucker Joseph A. Zucker President

Date

12/02/08

Daytime Phone #

321 863-4020

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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