

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020045

1. Corporation Name

BROWARD TILE & MARBLE INC

Principal Place of Business

Mailing Address

5240 N ANDREWS AVENUE
FT. LAUDERDALE FL 33309

5240 N ANDREWS AVENUE
FT. LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0426555

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MYERS, KENNETH A	5240 N ANDREWS AVE	FT. LAUDERDALE FL 33309

3000002701693--7
-12/03/98--01061--009
***158.00 ***158.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, KENNETH A
5240 N ANDREWS AVENUE
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-12-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-98
Date

(954) 493-8363
Daytime Phone #

CR2E040 (9/98)

BROWARD TILE & MARBLE, INC.
5240 N. ANDREWS AVENUE
FT. LAUDERDALE, FLORIDA 33309

(954) 493-8363

November 12, 1998

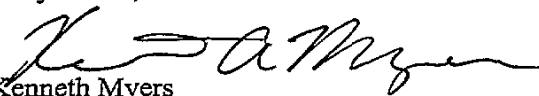
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

ATT: Sandra B. Mortham
Secretary of State

We are in receipt of the Notice of Administrative dissolution or revocation today and please be advised that due to changes in my office the 1st and 2nd notices you sent, I did not receive or have access to them as my office was being remodeled and perhaps they were thrown away or lost in the transition.

We are a very small company and the \$ 600.00 penalty will hurt my business. Due to changes in my office and not having the report to file, we feel that we have mitigating Circumstances for the abatement of the \$ 600.00. Please accept our check for the \$ 150.00 for the 98 Annual Report.

Sincerely Yours;


Mr. Kenneth Myers
Company President