

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006659

1. Corporation Name

NU-IMAGE TILE DISTRIBUTORS, INC.

2. Principal Office Address

301 A MEARS BLVD.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL.

Zip

34677

Country

3. Mailing Office Address

P.O. BOX 794

Suite, Apt. #, etc.

City & State

OLDSMAR, FL.

Zip

34677

Country

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

02/03/94

5. FEI Number

59-3221282

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

BILL M. SHAW

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

550 N. REO STREET

Suite, Apt. #, Etc.

SUITE 300

City

TAMPA

800004194929-9

-05/11/01 -01015-023

******300.00 ****300.00**

LS 11

State
FL

Zip Code

33609-1013

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

Bill M. Shaw

REGISTERED AGENT MUST SIGN

Date

4-20-01

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/D

ROBIN HOWE

210 LIGHTHOUSE COURT

SAFETY HARBOR, FL. 34695

V/D

MARK HOWE

5904 SPRINGRUN COURT

HOLIDAY, FL. 34690

S/T/D

CARA HOWE

5904 SPRINGRUN COURT

HOLIDAY, FL. 34690

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01 (913) 855-2961

Daytime Phone #

CR2E081 (9/00)

2012

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

APRIL 8, 2001

RE: NU-IMAGE TILE DISTRIBUTORS, INC.
301 A MEARS BLVD.
OLDSMAR, FL. 34677
(727) 855-2961

Stacy:

Nu-Image Tile Distributors, Inc. did not receive the original Annual Report for the last two years our address had changed from 400 B Douglas Road to 301 A Mears Blvd. Oldsmar, Fl. 34677-3048. I am sending a check with the signed form you mailed me for \$300.00.

Therefore, upon your instructions I am completing the report and sending it in along with the filing fee.

If additional information is needed please let me know.

Sincerely,



Mark Howe, V. President