

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014303

1. Corporation Name
James D Schreiber Tile Inc.

2. Principal Office Address
14351 79th ct North
Suite, Apt. #, etc.

3. Mailing Office Address
14351 79ct North
Suite, Apt. #, etc.

Date of election
as per score 100-00

City & State
Loxahatchee FLA
Zip
33470
Country USA
Palm bch city

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Zip
33470
Country USA
Palm bch city

4. Date Incorporated or Qualified To Do Business in Florida 2/01/94
5. FEI Number 65-0468269
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 James D Schreiber
Street Address (P.O. Box Number is Not Acceptable)
14351 79th ct North
Suite, Apt. #, Etc.

300003535309-4
-01/12/01--01024--014
****308.75 ****308.75

City Loxahatchee FLA
State FL Zip Code 33470

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 James D Schreiber
Date 12/27/00
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
Pres	James D Schreiber	14351 79 ct North	Loxahatchee FLA 33470

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: James D Schreiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/27/00
Daytime Phone # 561-685-0771
792-4885

CR2E081 (9/99)

292

To whom it may concern

My name is James Schreiber the reason for this letter is that I do not feel that my missing payment are entirely my fault. I called your office when I was moving and was supposed to have an address change made I don't recall if it was over the phone or I was being mailed a change form, never the less it must have fell between the cracks somewhere along the line. I have never been late with any bill or fee personally or with corp it's not the way I do things if I had been a corp longer and was more use to the bill every year I would have wondered what happen to it and made an inquiry, it just slipped, I am a small one man sub-S corp a penalty of 600.00 is devastating to my bussiness. I hope that you understand I would never just not pay and I promise it will never happen again. I am enclosing the 300.00 that is missed I really want to be reinstated as I firmly believe in doing things properly.

Thankyou for your

N.Y New address is Time and please consida
14351 79th ct North my plea

Loxahatchee P.L.A.

33470

James D Schreiber
Pres of James D Schreiber Tile inc

95 on app. please change

From old Loxahatchee

