

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

100

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Kathleen 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 79th ct North

Suite, Apt. #, etc.

City & State

Loxahatchee FLA

City & State

Loxahatchee FLA

Zip

33470

Country USA

Palm bch city

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

Date of election
as per 5 corp 100

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.

City

Loxahatchee FLA

State

FL

Zip Code

33470

300003535309-4

-01/12/01--01024--014

****308.75 ****308.75

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

REGISTERED AGENT MUST SIGN

Date 12/27/00

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 79th 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

12/27/00

Date

561-685-0771

Daytime Phone #

792-4885

CR2081 (9/99)

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To whom it may concern

My name is James Scheiber 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 you 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 business. 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.

Thank you for your
N.Y. New address is Time and please consider
14351 79th Ct North my plea

Loxahatchee FLA

33470

95 on app. please change

From old Land

Pres of

James D Scheiber

James D Schreiber Tile inc

