

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUN -4 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024941

1. Corporation Name

MEGAHEE TILE, INC.

Principal Place of Business

2361 WILKI BRANTLEY DRIVE
LONGWOOD FL 32779

Mailing Address

P.O. BOX 915244
LONGWOOD FL 32791



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

2. New Principal Office Address, If Applicable

510 DOUGLAS AVE.

Suite, Apt. #, etc.

SUITE 1013

City & State

Altamonte Springs Fla.

Zip

32714

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1994

5. FEI Number

59-3235988

Applied For

Not Applicable

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 3	City / State / Zip 4
P	MEGAHEE, FRED	1732 KERSLEY CIRCLE 1405 Langham Terr.	HEATHROW FL 32748
VS	VOLLET, G N	2361 WILKI BRANTLEY DR	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

MEGAHEE, FRED
2388 RIVER TREE CIRCLE
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000005754410-8

06/11/02-01106-014

***1050.00 ***1050.00

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 06-01-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-01-02 407-623522

Date

Daytime Phone #

CR2E040 (8/00)