

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 30 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025611

1. Corporation Name

Performance Tile Inc.

REINSTATEMENT

03-06754

CR2E051 (12/05)

1. Principal Office Address

13160 Caldwell Rd

Suite, Apt. #, etc.

2. Mailing Office Address

13160 Caldwell Rd

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE FL

City &amp; State

JACKSONVILLE FL

Zip

32226

County

DUVAL

Zip

32226

County

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-94

5. FEI Number

593234516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

## 7. Name and Address of Current Registered Agent

Name

JOHNSON, Keith H. ESQ.

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

8810 Gandy's Executive Drive

Suite, Apt. #, Etc.

Suite A.

City

JACKSONVILLE

State

FL

Zip Code

32217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 29, 2006

9. Name and Street Address 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.	Joseph A. Jacobs	13160 Caldwell Rd.	JAX FL 32226
V.P.	DONNA E. JACOBS	13160 Caldwell Rd.	JAX FL 32226

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10. I certify that I am an officer or director or the resolver 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names or individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

Joseph A. Jacobs 3-29-06 904-545-2166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

292

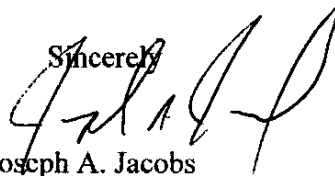
Florida Department of State  
Divisions of Corporations

I spoke with one of your agents this morning about reinstating our company (Performance Tile Inc.) I asked why we were dissolved. He informed me that we had not filed the paperwork in 2003, I had no idea we missed this or that we were dissolved.

We had moved that year to our present location and also I had taken over office duties from my wife, as she went to work elsewhere, so it being my oversight or not receiving the paperwork is most likely the cause. I found this problem when I received my workers comp paperwork back, denied because we were no longer cooperation.

I respectfully request a waiver of fines as we are a small company and the full amount could be a hardship on our family. Thank you for your time and help.

Sincerely,



Joseph A. Jacobs  
Performance Tile Inc.  
13160 Caldwell Rd.  
Jacksonville FL 32226

I did not received the Annual report notices in 2003. please waive the penalty.

