

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085586

1. Corporation Name

Coachman Tile, Inc.

EXPRESS STATEMENT 00-03

300018007693
05/05/03--01057--014 **1200.00

2. Principal Office Address

1224 NW 119th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1885 Opa Locka Blvd

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Opa Locka FL

Zip

33167

Country

USA

Zip

33054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-93

5. FEI Number

65053963

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

Danny W. Coachman

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

1885 Opa Locka Blvd.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33054

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

Danny W. Coachman

REGISTERED AGENT MUST SIGN

Date

4-29-03

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
D	Danny W. Coachman	1885 Opa Locka Blvd	Opa Locka FL 33054
P	Danny W. Coachman	1885 Opa Locka Blvd	Opa Locka FL 33054
VP	Danny W. Coachman	1885 Opa Locka Blvd	Opa Locka FL 33054

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:

Danny W. Coachman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

305-962-5580

Daytime Phone #

CR2ED01 (10/02)

7/5/07