

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 17 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018661

1. Corporation Name

BECK'S TILE & MARBLE, INC.

Principal Place of Business

1711 FERN FOREST PL  
DELRAY BEACH FL 33445

Mailing Address

1711 FERN FOREST PL  
DELRAY BEACH FL 33445

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0560137

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	BECK, SAMUEL	1711 FERN FOREST PL	DELRAY BEACH FL 33445

800003059268--9  
-12/02/99--01091--005  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

BECK, SAM  
1711 FERN FOREST PL  
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Samuel Beck*

REGISTERED AGENT MUST SIGN

Date

KE

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:

*Samuel Beck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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I DID NOT RECEIVE  
ANY FORMAL RENEWAL  
NOTICE FROM  
DEPT. OF STATE, OTHER  
THAN THIS DISSOLUTION  
NOTICE.

PLEASE SEND ALL  
RENEWALS CERTIFIED  
MAIL. I'LL PAY THE  
EXTRA POSTAGE.

SAM BECK