

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 16 PM 12:31

CORPORATION  
REINSTATEMENT



DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000020778

1. Corporation Name

Innovative Tile of Broward, Inc.

300010134883  
01/15/03--01075--002 \*\*308.75

2. Principal Office Address

8551 NW 52 Place

3. Mailing Office Address

8551 NW 52 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

Broward

Zip

33067

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

3/15/95

5. FEI Number

65-0571347

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

Tom B. Nadler

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

8551 NW 52 Place

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

*Tom B. Nadler*

Date 1/8/03

REGISTERED AGENT MUST SIGN

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	Tom B. Nadler	8551 NW 52 Place	Coral Springs, FL 33067
Treas.	Nancy Nadler	3111 Coral Springs Dr, #215	Coral Springs, FL 33065

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:

*Tom B. Nadler*

Tom B. Nadler, Pres

1/8/03

954-234-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

1/16/03 *ad*

**Innovative Tile of Broward, Inc.**  
**8551 NW 52 Place**  
**Coral Springs, FL 33071**  
**954-234-0701**

January 8, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

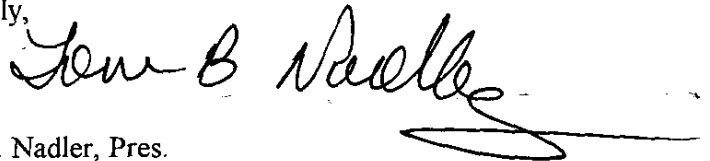
To Whom It May Concern:

Enclosed please find the Corporation Reinstatement form along with our check in the amount of \$308.75 covering the 2002 and 2003 annual fees plus the \$8.75 for the Certificate of Status.

We are hereby requesting a waiver of the \$600.00 reinstatement fee due to the fact that the 2002 blank report had been mailed to our former CPA at PO Box 6006, Boca Raton, FL 33427 and she did not forward it on to our office.

We would appreciate any assistance you may give us in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom B. Nadler", with a long horizontal flourish extending to the right.

Tom B. Nadler, Pres.