

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000022857			
1. Corporation Name ACCENT TILE & MARBLE, INC			
2. Principal Office Address 12302 HWY 441 SE Suite, Apt. #, etc.		3. Mailing Office Address 12302 HWY 441 SE Suite, Apt. #, etc.	
City & State OLEECHOBEE, FL		City & State OLEECHOBEE, FL	
Zip 34974	Country OLEE	Zip 34974	Country OLEE

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida 3/20/95	
5. FEI Number 65-0565839	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 RONALD VANDERHOFF	800004587263--8
Street Address (P.O. Box Number is Not Acceptable) 12302 HWY 441 SE	09/13/01 0105--019 ***1200.00 ***1200.00
Suite, Apt. #, Etc.	
City OLEECHOBEE	State FL Zip Code 34974

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 RONALD L. VANDERHOFF <i>Ronald Vanderhoff</i>	Date 9-4-07
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
P	RONALD L. VANDERHOFF	12302 HWY 441 SE	OLEECHOBEE, FL 34974

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: RONALD L. VANDERHOFF <i>Ronald L. Vanderhoff</i>	9-4-07 561-718-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #