

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95000022857

1. Corporation Name

ACCENT TILE & MARBLE, INC.

2. Principal Office Address

12302 HWY. 441 S.E.

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip

34974

Country

US

3. Mailing Office Address

12302 HWY. 441 S.E.

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip

349474

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1995

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 L VANDERHOFF

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

12302 HWY. 441 S.E.

Suite, Apt. #, Etc.

City

OKEECHOBEE

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
REGISTERED AGENT MUST SIGN

Date

1-10-06

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 S.E.	OKEECHOBEE, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-06

Daytime Phone #

561-718-9403

FILED

06 FEB 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-06

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