

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
FILED

99 FEB 15 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

150000278181-3

1. Corporation Name

Milton's Suncoast Tile & Flooring Co., Inc.

Principal Place of Business

Mailing Address

12601 U.S. Highway 19  
Hudson, Florida 34667

REINSTATEMENT 90-99

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

May 16, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3320204

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	Milton Makris	8625 Jolly Roger Drive	Hudson, Florida 34667

100000278181-3  
-02/17/99-01057-015-3  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

Lawrence Schmidt  
2047 Grand Boulevard  
Holiday, Florida 34690

9. Name and Address of New Registered Agent

Name

David A. Dorsey

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

5618 Grand Blvd.

Suite, Apt. #, Etc.

City

New Port Richey

State  
FL

Zip Code

34652

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-10-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax)

12. 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

*[Signature]*

Milton Makris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99  
Date

(727) 863-2258  
Daytime Phone #

CR2E081 (12/98)