

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000041337**

1. Corporation Name
KEVIN GALLAGHER TILE COMPANY

Principal Place of Business 770 N.W. 79TH AVENUE MARGATE FL 33063	Mailing Address 770 N.W. 79TH AVENUE MARGATE FL 33063
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REINSTATEMENT *W 96*

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

2. New Principal Office Address, If Applicable 350 DOUGLAS ROAD	3. New Mailing Office Address, If Applicable 350 DOUGLAS ROAD	4. Date Incorporated or Qualified To Do Business in Florida 05/25/1995
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B	5. FEI Number 65-0586587
City & State OLDSMAR, FL	City & State OLDSMAR, FL	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip 34677	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	GALLAGHER, KEVIN	770 N.W. 79TH AVENUE	MARGATE FL 33063
D	GALLAGHER, KEVIN	770 N.W. 79TH AVENUE	MARGATE FL 33063
			500002070455--2 -01/28/97--01102--007 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TILLEM, SCOTT
770 N.W. 79TH AVENUE
MARGATE FL 33063

Name
JOSEPH K. NOFIL
Street Address (P.O. Box Number is Not Acceptable)
3284 N. STATE ROAD 7
Suite, Apt. #, Etc.
City
LAUDERDALE LAKES State
FL Zip Code
33319

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]* Date **11/18/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Kevin A. Gallagher]* Date **12/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)