PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAYED





Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000056407

1. Corporation Name

TILE & MARBLE BY SURFACING SPECIALIST, INC.

Principal Place of Business

509 U.S. HIGHWAY #1 LAKE PARK FL 33403

Mailing Address

3620 PALM DR. RIVIERA BEACH FL 33404

FILED

02 NOV -5 AM II: 21



| If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Office Add Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | dress, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 07/20/1995 | | | |
|--|-----------------------------------|----------------------|---|---------------------|---|---|----------------------------------|---------------|-------------|
| | | | | | <u>>1</u> | | | | 995 |
| City & State City & State | | | | ORIDA | | 5. FEI Numbe | 5. FEI Number 65-0599459 Applied | | Applied For |
| FL | | | Not Applica | | | Not Applicable | | | |
| Zip Country | | | 33403 Country US | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | | |
| . Names | and Street Addresses | of Each Officer and/ | or Director (Flo | rida nonprofi | corporations must list at | least 3 directors) | | · | |
| Title(s) | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | | | | |
| D | MOFFITT, CHRISTOPHER B | | | 509 U.S. HIGHWAY #1 | | | LAKE PARK FL 33403 | | |
| | | | 21.0 | | | 50 | | -6 grate gran | |
| | | | 7012 | / <u></u> | 18 | 11/05/ | 000880 02010270 | 18 **158 | 3. 75 |
| | 8. Name and Ad | dress of Current F | legistered Ager | nt . | <u></u> | 9. Name and A | ddress of New Regio | tered Agent | |
| | | | | | Name | Name and Address of New Registered Agent Name | | | |
| MOFFITT, CHRISTOPHER B 3620 PALM DRIVE RIVERA BEACH FL 33404 | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | |
| | | | | | Suite, Apt. #, Et | | | | |
| | | | 70 | | City | | | State Zip Co | de |
|). I, being gnature of egistered A | 12 | d agent of the abov | e named corpor | ation, am far | niliar with and accept the o | obligations of Section | Date | | |
| | - | | _//_/ | | | | Date 1013 | 0107 | |

SIGNATURE:

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.



TILE & MARBLE BY SURFACING SPECIALIST

payern

FLOORING CONTRACTOR

October 30, 2002

To Whom It May Concern Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attention: Division of Corporations

Dear To Whom It May Concern:

SUBJECT: NON RECEIPT OF UBR 2002

As per instructions by your office on 10/30/02 I am writing to inform you that I never received the renewal form (Uniform Business Report) for my Company for the year 2002. The Office address is still correct however I was divorced a while back and my now ex-wife retained possession of the home at 3620 Palm drive. Please send any further correspondence to the office address listed above. I am not sure why these renewal forms were sent to that address but nevertheless I did not receive them and apologize for any inconvenience. Enclosed please find a check for the renewal and the application for reinstatement as you requested. Thanks for your time and understanding.

Sincerely,

Chris Moffitt President

Tile & Marble By Surfacing Specialist Inc.

Enclosure (1)

CBM