PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION . **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P95000056407 DOCUMENT #

1. Corporation Name

TILE & MARBLE BY SURFACING SPECIALIST, INC.

Principal Place of Business

Mailing Address

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

509 US HIGHWAY 1 LAKE PARK FL 33403 FILED

03 DEC 29 PH 12: 00

SECRETARY OF STATE FLORIDA

reinstatement.	93

			US				REIN	STATEME	NI 03
3620 PALM DRIVE 347			Mailing Office Address, if Applicable Physical Devices in the property of the			Date Incorporated or Qualified To Do Business in Florida 07/20/1995			
City & State PLYMEDA BEACH FI.		City & State PEACH FU			5. FEI Number	-65-0599459	Applied For Not Applicable		
33404		Country	3340	4	Country U. S	S. A	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ac	dresses of Each Officer and	I/or Director (Flo	rida nonprof	it corporat	tions must list at le	east 3 directors)		
Title(s)	2 .	Name of Officers and/or Directors		3		et Address of Eac cer and/or Directo		Cit	y / State / Zip
D	MOFFITT,	CHRISTOPHER B	509 U.S. HIGHWAY		\Y #1		LAKE PARK FL 334	LAKE PARK FL 33403	
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	8. Nan	ne and Address of Current	Registered Age	ent	<u></u>	<u></u>	9. Name and	Address of New Registe	ered Agent
3620 F	ITT, CHRIST PALM DRIVE A BEACH FI				-	Name Street Address (Suite, Apt. #, Etc.	BALL P.S. Box Number PALL PALL PALL PALL PALL PALL PALL PAL		State Zip Code
10. I, being	g appointed th	ne registered agent of the ab	ove named corpo	oration, am f	amiliar wit	h and accept the c	obligations of Secti		
Signature of Registered	of Agent	Thu .	EGISTERED AG	NT MYST	SIGN		-	Date	11/3

11. 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 filling 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 AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Chris Moffitt
Tile & Marble by Surfacing Specialist, Inc.
3620 Palm Drive,
Riviera Beach, FL 33404

December 18, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE: FEIN 65-0599459 Uniform Business Report

To Whom It May Concern:

Enclosed please find the application for reinstatement along with a check for \$150.00 for the filing penalty fee. I am requesting that the reinstatement fee be waived because a wrong mailing address on your records resulted in my failure to receive the uniform business report for 2003. Please note on the application that the mailing address has been changed from 509 U.S. Highway 1, Lake Park, FL 33403 to 3620 Palm Drive, Riviera Beach, FL 33404.

Thank you,

Christopher Moffitt

President

P.S. You were notified of the Coming & of Address an last years kyort please Change the Mailing Address only.