

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033298

1. Corporation Name

Pacific Tile, Inc.

800022078868
08/05/03--01066--036 **1508.75

REINSTATEMENT 98-03

2. Principal Office Address		3. Mailing Office Address	
6750 N.W. 81st Terrace		6750 N.W. 81st Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Parkland, FL		Parkland, FL	
Zip	Country	Zip	Country
33067	Broward	33067	Broward

4. Date Incorporated or Qualified To Do Business in Florida	
03/29/1996	
5. FEI Number	Applied For
65-0680290	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name		
Zena Kinzbrunner		
Street Address (P.O. Box Number is Not Acceptable)		
4801 S. University Drive		
Suite, Apt. #, Etc.		
City		State
Davie		FL
		Zip Code
		33328

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 Zena Kinzbrunner Date 7/24/03

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
PD	Barry Laramee	6750 N.W. 81st Terrace	Parkland, FL 33067
VSTD	William K. Beagan	3625 S. Lake Drive	Boynton Bch, FL 33435

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)(b), 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] Date 7/24/03 561-441-3690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

9/7/25

CR2E081 (10/02)