

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000040902

1. Corporation Name

Case Creative Tile, Inc.

2. Principal Office Address - No P.O. Box #

8876 Arrowhead Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32312

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Kari + James Case

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

8876 Arrowhead Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Kari N. Case

Date

2/10/10

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 Officer and/or Director	City / State / Zip
PTD	Case, James D	8876 Arrowhead Dr.	Tall / FL / 32312
SEC	Case, Kari N	8876 Arrowhead Dr	Tall / FL / 32312

10. E-mail Address:

Kari41@comcast.net

(To be used for future annual report notification)

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 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. I further certify, 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:

Kari N. Case

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/10

Daytime Phone #

251-0908

FILED

10 FEB 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300168413293

02/10/10--01019--013 ***450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3238909

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

FEB 10 2010