PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 21 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000046735

1. Corporation Name Robert Norrman Tile Inc.

2. Principal Office Address - No P.O Box #
1441 Waukeenah Hwy
Suite, Apt #, etc.

City & State Monticello Fl.
Zip 32344   Country US

3. Mailing Office Address
1441 Waukeenah Hwy Same
Suite, Apt. #, etc.

City & State Monticello Fl
Zip 32344   Country US

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 6-3-1996

5. FEI Number 59-3381522   ☐ Applied For   ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Norrman, Jackie
Street Address (P.O. Box Number is Not Acceptable) 1441 Waukeenah Hwy
Suite, Apt. #, Etc.
City Monticello   State FL   Zip Code 32344

300192089393
01/21/11--01006--005 **1800.00

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 _____   Date 10/6/2010
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
D	Norrman, Jackie	1441 Waukeenah Hwy	Monticello Fl. 32344
D	Norrman, Robt	1441 Waukeenah Hwy	Monticello, Fl. 32344
		REINSTATEMENT 02-011	
			B 1/21/11

10. E-mail Address: jnorrman@wcso.org
(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: _____   10/6/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

850 545 7225