

2002 + 2003
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 26 AM 8:34

DOCUMENT # P96000046735

1. Corporation Name

Robert Norrman Tile Inc.

300025082623
11/26/03--01070--018 **308.75

REINSTATEMENT 02-03

2. Principal Office Address

304 Robinwood Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

Leon

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-94

5. FEI Number

593381522

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

Jackie C. Norrman

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

304 Robinwood Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

Jackie C. Norrman

REGISTERED AGENT MUST SIGN

Date 11-26-03

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	Jackie C. Norrman	304 Robinwood Ave	Tallahassee FL 32305
D	Robert N. Norrman	304 Robinwood Ave	Tallahassee, FL 32305

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)(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:

Jackie C. Norrman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie C. Norrman 11-26-03 850545-7225

Date

Daytime Phone #

CR2E081 (10/02)

292

I Jackie Norrman did not receive my first or second notices for 2002 or 2003
U.B.R. Corporate Name is Robert Norrman Tile, Inc. Document # is P96000046735.

JL C. R.
11-26-03