

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 1012

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 30 PM 6:22

DOCUMENT # P96000066425

1. Corporation Name
VALUE TILES, INC.

Principal Place of Business
4241 L.B. MCLEOD RD
ORLANDO FL 32811
US

Mailing Address
4241 L.B. MCLEOD RD
ORLANDO FL 32811
US



06/13/00 90005 027 9158.75
08/18/00 01054 003 391.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/09/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3398794	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MURRAY, TIMOTHY H	534 WEST STETSON STREET	ORLANDO FL 32804
D	BELTON, RUDY	534 WEST STETSON STREET	ORLANDO FL 32804

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
HUMPHRIES, J G 201 EAST PINE STREET #701 ORLANDO FL 32801		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 10-26-00

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-00

Date Daytime Phone #

CR2E040 (8/00)

48292

Value Tile

4241 L. B. McLeod Road

Orlando, FL 32811

Phone: (407) 839-6590

Fax: (407) 839-0979

Memo

To: To whom it may concern
From: Jerry Hines, General Manager
CC:
Date: 10/27/00
Re: Payment for Divisions of Corporations applied incorrect

Content:

I spoke with someone from your office after I received a Notice of Administrative Dissolution or Revocation and advised them that a check was mailed on July 28, 2000 and has cleared the bank. I was advised that it was possible that our check was applied incorrectly. Enclosed is a copy of the front and back of the check that was sent in July. Thanks for your help.
