

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 13 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072967

1. Corporation Name

TOM'S PRECISION TILE, INC.

Principal Place of Business

517 N. UNIVERSITY DRIVE
PLANTATION FL 33324

Mailing Address

517 N. UNIVERSITY DRIVE
PLANTATION FL 33324



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1996

5. FEI Number

65-0686721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DONNANGELO, THOMAS P	517 N. UNIVERSITY DRIVE	PLANTATION FL 33324
			700002350027--8 -11/18/97--01025--013 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

DONNANGELO, THOMAS P
517 N. UNIVERSITY DRIVE
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Thomas P. Donnangelo

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

8631 N.W. 54th ct.

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

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

Thomas P. Donnangelo

REGISTERED AGENT MUST SIGN

Date 10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Thomas P. Donnangelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Donnangelo

Date

Daytime Phone

10/24/97 (954) 741/7088

CR2E040 (9/97)

2

11-10-97

To Whom it may concern,
I WAS UNAWARE that there
WAS AN ANNUAL FEE to keep my
Corporation open with the state. I
recently moved, and to my understand-
ing, your notice was returned several
times to your office. I never received
notice until now, At my new address.
I would like to be reinstated, Enclosed
is the fee of \$165.00, Thank you
for your understanding, this will
NEVER happen AGAIN.

Thank you
~~Thomas Jr.~~
Thomas D'Annunzio
President.

1-954-741-7088

If there's A problem
please notify my office
At the number left.

Thanks