

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT -5 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073468

1. Corporation Name

Tile Depot, Inc.

2. Principal Office Address

6931 Crane Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6931 Crane Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville

Zip
32216

Country
USA

Zip
32216

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-4-1996

5. FEEL Number

59-2994480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Lonnie L. Dean

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

6931 Crane Avenue

Suite, Apt. #, Etc.

000080639500

10/09/06 01047 001 ***450.75

City

Jacksonville

State

FL

Zip Code

32216

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

REGISTERED AGENT MUST SIGN

Date 10/4/06

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
P	Lonnie L. Dean	6931 Crane Ave.	Jacksonville, FL 32216
VP	Traci L. Dean	6931 Crane Ave.	Jacksonville, FL 32216

B 10/9/06

REINSTATEMENT 04/06

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 contained in Chapter 119, 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:

Lonnie L. Dean

10/4/06

904-724-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

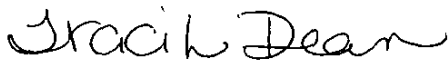
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October 4, 2006

To Whom This May Concern:

Tile Depot Inc. did not receive the 2004 Annual Report Notice or the 2004 Dissolution Notice. I am asking that the reinstatement fee be waived. If you have any questions regarding this matter, please feel free to contact me at # 904-724-5199. Thank you in advance for all your help with this matter.

Sincerely,



Traci L. Dean
Vice President
Tile Depot Inc.