

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000000 95
1. Corporation Name
KETTLE HUT Tile & Masonry, Inc.
140 Lombardy Rd.
Winter Springs, FL 32708

REINSTATEMENT 03-04

2. Principal Office Address
140 Lombardy Rd.
Suite, Apt. #, etc.
Mike Kettlehut
City & State
Winter Springs, FL
Zip
32765 Country
Seminole

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

700027127467
01/16/04--01069--008 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/97
5. FEI Number
59-3422654 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
Mike Kettlehut
Street Address (P.O. Box Number is Not Acceptable)
140 Lombardy Rd.
Suite, Apt. #, Etc.
City
Winter Springs State
FL Zip Code
32708

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 Mike Kettlehut
REGISTERED AGENT MUST SIGN

Date 1/9/04

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
<u>P</u>	<u>Mike Kettlehut</u>	<u>140 Lombardy Rd.</u>	<u>Winter Springs, FL</u>
<u>V</u>	<u>Tim Kettlehut</u>	<u>403 Alcazar Ave.</u>	<u>Altamonte Sp, FL 32714</u>

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: Mike Kettlehut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 Date
407-832-5960 Daytime Phone #

MIKE KETTLE HUT

Kettlehut Tile & Masonry, Inc.
160 Lombardy Road
Winter Springs, Florida 32708
(407)832-5960

January 9, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Enclosed please find my corporation reinstatement form for Kettlehut Tile and Masonry, Inc. I spoke to someone from your office today and told her I had changed addresses twice last year and never received my annual filing form from your office. She advised me to write a letter explaining my situation and that I would probably just have to pay \$ 150.00 for last year and \$ 150.00 for this year. I am also enclosing a check in the amount of \$ 308.75 to cover the cost of my annual filing fee of \$ 150.00 for 2003 and 2004 and \$ 8.75 for a certificate of status. Please accept this as payment in full to reinstate my corporation.

Please contact me at 407-832-5960 with any questions or problems relating to this matter.

Thank you in advance.

Sincerely,

Mike Kettlehut

Mike Kettlehut

MK/kb
Enclosure