## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** FILED DOCUMENT # P97000035032 1. Corporation Name 00 OCT 23 PM 1:47 TILE WALK, INC. SECRETARY OF STATE. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 639 S OLIVE AVE 639 S OLIVE AVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 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 Date incorporated of Qual To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0782129 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director **TSIMORTOS, PETER** IMPERIAL POINT LANE **WELLINGTON FL 33414** WALSH, DOREEN 6315 WASHINGTON ROAD WEST PALM BEACH FL 33405 W PALM BEACH FL 33405 6315 WASHINGTON RD TURCHETTI, JOSEPH A <del>200003456422</del> -11/07/00--01140--005 \*\*\*\*750.00 \*\*\*\*750.00 LS 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RICHARDSON, KEVIN F ESQ. Street Address (P.O. Box Number is Not Acceptable) CLYATT & RICHARDSON, P.A. Suite, Apt. #, Etc. 1551 FORUM PLACE, #300-F WEST PALM BEACH FL 33401 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

11. Legrify that Lam 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 filling 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:

City & State

Zip

DT

DVP

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