

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P97000037478

1. Corporation Name

DIDONATO'S TILE, INC.

Principal Place of Business

771 STEWART STREET  
ENGLEWOOD FL 34223

Mailing Address

771 STEWART STREET  
ENGLEWOOD FL 34223

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1997

5. FEI Number

65-0749986

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	4 City / State / Zip
D	DIDONATO, JANICE G	771 STEWART STREET	ENGLEWOOD FL 34223

300008631493  
10/28/02--01104--028 \*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

DIDONATO, JANICE G  
771 STEWART STREET  
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*Janice G. Didonato*  
REGISTERED AGENT MUST SIGN

Date 10-24-02

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:

*Janice G. Didonato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

10-24-62

Florida Department of State

Upon receipt of your notice I did a thorough review of my files and found no sign of any of your prior notices. On further examination of my records I noticed that I had always paid this in an timely manner. Usually by Feb 1<sup>st</sup>.

Thank you.  
Janice O'Donnato  
President of O'Donnato Tile Inc.