

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046838

1. Corporation Name

WHOLESALE TILE, INC.

2. Principal Office Address

3101 22ND AVEUE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

3. Mailing Office Address

3101 22ND AVENUE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

REINSTATEMENT 03

100025259504

12/05/03--01053--022 **750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-449095

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

RAY J. SAMEC

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

9280 52ND ST N

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33782

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

Raymond J. Samec
REGISTERED AGENT MUST SIGN

Date

12/2/03

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
PD	RAY J. SAMEC	3101 22ND AVE N	ST. PETERSBURG, FL 33713
VP	HEIDI SAMEC	3101 22ND AVE N	ST. PETERSBURG, FL 33713

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:

Raymond J. Samec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

727-327-0594

CR2E081 (10/02)