

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 12 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080549

1. Corporation Name

ANS Tub, Tile & What-Nots, Inc.

REINSTATEMENT *00-03*

2. Principal Office Address

2970 NW 176 Street

Suite, Apt. #, etc.

N/A

City & State

Opa Locka, FL

Zip

33056

Country

USA

3. Mailing Office Address

2970 NW 176 Street

Suite, Apt. #, etc.

N/A

City & State

Opa Locka, FL

Zip

33056

Country

USA

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

09/15/1997

5. FEI Number

65-0833821

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

Archie Buckner

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

2970 NW 176 Street

Suite, Apt. #, Etc.

N/A

City

Opa Locka

State

FL

Zip Code

33056

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

Date **12/10/2003**

REGISTERED AGENT MUST SIGN

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/S/T	Archie Buckner Jr.	2970 NW 176 Street	Opa Locka / FL / 33056-4053

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:

Archie Buckner Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Archie Buckner Jr.

12/10/2003 (305) 621-9391

Date

Daytime Phone #

CR2E081 (10/02)