


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**

01 SEP 18 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000014399**

1. Corporation Name

VALUE TILE OF LAKE WORTH, INC.

2. Principal Office Address

7950 S. Military Trail

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

U.S.A.

3. Mailing Office Address

7950 S. Military Trail

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

U.S.A.

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

2/12/98

5. FEI Number

069363516

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

Mark Perry

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

50 S.E. 4th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN MARK PERRY

Date 9/17/01

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
D/P	Paul Salimardo	7950 S. Military Trail	Lake Worth, FL 33463
D/VP/ S/T	Louis Shapiro	7950 S. Military Trail	Lake Worth, FL 33463

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01

Date

(561) 276-4146

Daytime Phone #

CR25081 (8/00)