

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000014868

1. Corporation Name

MORSE CERAMIC TILE, INC.

Principal Place of Business

Mailing Address

5214 69 STREET EAST
PALMETTO FL 34221

5214 69 STREET EAST
PALMETTO FL 34221

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5214 69th St E
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5214 69th St E
Suite, Apt. #, etc.

City, State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1998

5. FEI Number

65-0814714

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| P | MORSE, DEAN | 5214 69TH ST E | PALMETTO FL 34221 |
| | | | |
| | | | |
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| | | | |
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8. Name and Address of Current Registered Agent

MORSE, DEAN
5214 69 STREET EAST
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E046 (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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN B. MORSE

10-21-02

Date

941-729-8115

Daytime Phone #