

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 13 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 798000045500

1. Corporation Name

Love Tile Corp. of Florida

2. Principal Office Address

25 Palm Harbor Village Way
Suite, Apt. #, etc.

3. Mailing Office Address

25 Palm Harbor Village Way
Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

Flagler

Zip

32137

Country

Flagler

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

5/20/98

SP

5. FEI Number

59-3519635

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

Joaquim A Barbosa

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

45 Brittany Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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**

Joaquim Barbosa
REGISTERED AGENT MUST SIGN

Date

6/28/2000

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
<u>Pres</u>	<u>Joaquim Barbosa</u>	<u>454 Spring St</u>	<u>ELIZABETH, NJ</u>

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:

Joaquim Barbosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00
Date

908 351-8855
Daytime Phone #

CR2E081 (9/99)