


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION REINSTATEMENT**  
02-03



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000007684**

1. Corporation Name  
**Comet Tile, Inc**

2. Principal Office Address <b>7818 Philips Hwy</b> Suite, Apt. #, etc. <b># 308</b>		3. Mailing Office Address <b>10351 Belmont Stakes CT.</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32257</b>	Country <b>USA</b>

100020259621  
05/29/03--01083--004 \*\*308.75

4. Date Incorporated or Qualified To Do Business in Florida **1/26/1999**

5. FEI Number  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 **Bania E. Lenzi**

Street Address (P.O. Box Number is Not Acceptable)  
**10351 Belmont Stakes CT**

Suite, Apt. #, Etc.

City **Jacksonville** State **FL** Zip Code **32257**

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 **[Signature]** Date **5/28/03**

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	Bania E. Lenzi	10351 Belmont Stakes CT	Jacksonville, FL 32257
V/T	Geraldine Beth Tapalian	98 Pleasant ST Box 41	Seekonk, MA 02771

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]** Date **5/28/03** (904) 737-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bania E. Lenzi - Pres.

5/30

CR2E081 (10/02)