


# Amend Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 PM 3:47

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 999600046650

1. Corporation Name

West Florida Ceramic Tile, Inc

2. Principal Office Address

5837 Pebble Ridge Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5837 Pebble Ridge Dr

Suite, Apt. #, etc.

City & State

Milton FL

City & State

Milton FL

Zip

32583

Country

U.S.

Zip

32583

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

6-1-99

5. FEI Number

593625262

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

Michael Grossheim

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

5837 Pebble Ridge Dr.

Suite, Apt. #, Etc.

City

Milton

01/09/04--01078--001 \*\*61.25

100026616671  
01/09/04--01078--001 \*\*61.25

State  
FL

Zip Code  
32583

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 12-31-03

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         |
|------------------|-----------------------------------|--|----------------------------|
| <u>president</u> | <u>Michael J Grossheim</u>        | <u>5837 Pebble Ridge Dr.</u>                   | <u>Milton, FL 32583</u>    |
| <u>sec.</u>      | <u>Millard Courtney</u>           | <u>216 w. Michigan</u>                         | <u>Pensacola, FL 32505</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:

[Signature] Michael Grossheim

12-31-03

850-232-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E091 (10/02)