

The seal of the State of Florida is a circular emblem. It features a central figure of a Seminole man standing on a log, holding a bow in his right hand and an arrow pointing downward in his left. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

DOCUMENT # P99000075455

VO TILE, INC.

723 8TH AVE SOUTH
JACKSONVILLE BEACH FL 32250

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JACKSONVILLE BEACH FL 32250

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

2725

Suite, Apt. #, etc.

Orlando, FL

City & State

Zip
32839

Country

Orange

Zip

Country

08/23/1999

5. FEI Number

59 359 4384

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VO, JAMIE	723 8TH AVE SOUTH	JACKSONVILLE BEACH FL 32250
D	vo, Jamie	3837 Double Eagle Ct.	2725 Orlando, FL 32839
			100003514621--5
			12/27/88 01071 003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATSHAW, JOHN H JR
3010 SOUTH 3RD ST
JACKSONVILLE BEACH FL 32250

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

~~THIS FORM REQUIRED~~

Date 12/1/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Oct 00 (407) 257 8905

0005934

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