


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000092999		FILED 03 DEC 16 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name KRS Tile Inc		REINSTATEMENT 02-03	
2. Principal Office Address 2137 CORK OAK ST		3. Mailing Office Address 2137 CORK OAK ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34232	Country U.S.A.	Zip 34232	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 10/01/99		5. FEI Number 65-0953467	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Kevin Schleicher			
Street Address (P.O. Box Number is Not Acceptable) 2137 CORK OAK STREET			
Suite, Apt. #, Etc.			
City SARASOTA		State FL	Zip Code 34232
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 Kevin Schleicher		Date 12/8/03	
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
Pres VPST	Kevin Schleicher	2137 CORK OAK STREET	SARASOTA, FL 34232
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: Kevin Schleicher		12/8/03 941 232-3531	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**KRS Tile, INC.
2137 Cork Oak Street
Sarasota, FL 34232
941-232-8531**

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December 5, 2003

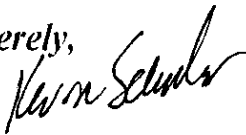
*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

RE: UBR Annual Report

To Whom It May Concern:

Please waive the \$600 fee. I never received my report. My address has changed.

Sincerely,



*Kevin Schleicher
President
KRS Tile, INC.*

Enclosures (2)

dlp