	PLEASE READ	ALL INS	<u> </u>	BEFORE C	OMPLETI	NG THIS FORM. 🛭	1090 120
	ICATION FOR	FLORID	A DEPARTME  Katherine Hacker  Secretary of Secretary of Secretary	NT OF STATE <b>arris</b> State		FILED	74   0   0   0
DOCUMENT # P99000101207  1. Corporation Name  IS-KO TILE INC.					'00 OCT 30 PM 4: 37  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address  3601 NE 2077H ST #1309 3601 NE 207  AVENTURA FL 33170 AVENTURA F			TH ST #1309				
2. New Principa 5504 Suite, Apt. #, et City & State		3. New Mail	ing Office Address, If	Applicable 164	4. Date Incorpt To Do Busin  5. FEI Number  6.	0964386	Applied For  Not Applicable  Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Title(s)  Name of Officers and/or Directors Officer and/or Director City / State / Zip							/ Zip
PD H				3 2601 NE 207TH ST \$1309 5504 SN 28 TER		AVENTURA FL 33170- FOR / CANDENGATE , AT 333/2	
2					0	00003472: -11/21/000 ****150.00	9103 1076013 ****150.00
2,				<del></del>		18 (	504BR
HASS, ITZHAK Street 3601 NE 207TH ST #1309				Suite, Apt. #, Etc	State Zip Code  FL 333/>		
Signature of Registered Agent 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.							

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

Daytime Phone #

October 25, 2000

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, Florida 32303-1500

Dear Sir or Madam:

Enclosed please find my check for \$150.00 to renew my corporation. I never received the first notice and request that you please waive the penalty.

My corporation started in 1999 and no one told me that I have to renew and pay a fee every year. My office moved and the mail was never forwarded to me.

Please accept this check and renew my corporation for the year 2000.

Thank you in advance for your understanding.

Sincerely,

Itzhak Hass, President