

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -5 PM 1:28

DOCUMENT # P99000102284

1. Corporation Name
MAJESTIC TILE, INC.

2. Principal Office Address
4061 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL

Zip Country
33411 U.S.A.

3. Mailing Office Address
SAME.

Suite, Apt. #, etc.

City & State
1

Zip Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
11/23/99

5. FEI Number
65-0966219

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN P. GEORGE.

Street Address (P.O. Box Number is Not Acceptable)
14466 68th St North.

Suite, Apt. #, Etc.

City
LOXAHATCHEE

State
FL

Zip Code
33470

800003856758-4
-03/16/01--01105--023
****900.00 ****300.00

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 2/27/01

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>D</u> | <u>JOHN P. GEORGE</u> | <u>14466 68 ST N.</u> | <u>LOXAHATCHEE, FL 33470</u> |
| <u>VP</u> | <u>JERRY GRAYSON</u> | <u>3766 S 55th AVE</u> | <u>GREENACRES, FL 33463</u> |
| <u>T</u> | <u>JOHANN HESSINA</u> | <u>16778 71st LANE N</u> | <u>LOXAHATCHEE, FL 33470</u> |
| | | | |
| | | | |

[Signature] 3/6

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 2/27/01 Daytime Phone # 561-790-2068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)