

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 23 AM 8:00

DOCUMENT # 799000108174

1. Corporation Name

CUSTOM Tile Installation, Inc.

REINSTATEMENT 03-04  
MRS

2. Principal Office Address

1 NE 16th Ct.

3. Mailing Office Address

1 NE 16th Ct.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City &amp; State

Ft. Lauderdale, FL

City &amp; State

Ft. Lauderdale, FL

Zip

33305

Country

U.S.A.

Zip

33305

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650968315

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

Marc Knisely

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

1 NE 16th Ct.

Suite, Apt. #, Etc.

N/A

City

Ft. Lauderdale

State  
FL

Zip/Code

33305

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

Date

1-23-04

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
VP	Marc Knisely	1 NE 16th Ct.	Ft. Lauderdale, FL 33305

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)(b), 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:

Marc Knisely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-04

Daytime Phone #

954.553.2885