	<i>20</i> 04		· · · · · · · · · · · · · · · · · · ·		S BEFORE C	1	ING THIS FORM.	143	
APF	FOR	ZON-)	Katherine I Secretary of	larris ·		>	10; A	
REINSTATEMENT DIVISION OF CORPORATIONS							FILED		
DOCUMENT # P99000109765 Corporation Name						01 NOV -8 PM 6:53			
HE TILE MARKET OF PLANTATION, INC.						SECRETARY OF STATE TALLAHASSEE FLORIDA			
rincipal Pla	ce of Busine	ess	Mailing Addr	ress		118811801111	. IRILA (ANI) ARINS BRINS ARINS (ARIS ARIS)	dan bilde bil salı	
ISC V COPANS RD DMPANO BEACH FL 33064			1490 W COPANS R D P OMPANO BEACH FL 33064						
		incorrect in any way, line thre				4 Data lucam	and an Ourtified		
11850 W. STATE RD. 84			3. New Mailing Office Address, If Applicable //850 W. STATE D. FA Suite, Apt. #, etc.		ERD. TH	Date Incorporated or Qualified To Do Business in Florida 01/01/2000			
ity & State			City & State			5. FEI Numbe	-0969710	Applied For	
DAVIG FL.			DAVIG FL. Zip 33325 Country 6		intry/ _ A	6.	S8.75 Add	ditional Fee required	
	25	Idresses of Each Officer and	or Director (Flo			<u> </u>	tor a Co	ertificate of Status	
Title(s) - 2 Name of Officers and/or Directors			or Encotor (Fic	Street Address of Each Officer and/or Director		City / State / 7in			
PR&5	5 CAROL MARKINNON 12141 N.E. P. ROBERTO ESQUENAZI 12141 N				(E. 11 TH S	11 TH ST. PLANTATION FL. 33323			
/.P.	Kos	ERTO ESQUEN	AZ)	12141	12141 N.E. 11 TH ST.		PLANTATION FL.	33323	
			1-144		,	710	000471858 -12/11/0101051 ****150.00 ***		
			-						
Name and Address of Current Registered Agent Name						9. Name and	Address of New Registered Agent	8/01)	
RICHARD H. HARRIS & ASSOCIATES, P.A.									
FT LAUDERDALE FL 33309					Suite, Apt. #, Etc.		CR2E040		
					City	City State Zip Code			
.g ignatur≿_bf		ne registered agent of the abo	Lac		<u> </u>	bligations of Sect			
1. I certify this reins	that I am an	officer or director or the recei	ver or trustee er lution has been	eliminated, the co	ute this application as p	the requirements	pate 79,37,07 apter 607 or 617, F.S. I further certify s of section 607.0401 or 617.0401, F der section 119.07(3)(i), F.S. The in	.S., that all fees	

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Daytime Phone #



October 29,2001

Division of Corporations P.O. Box 6327 Tallahassee,Fl. 32314-6327

Re: THE TILE MARKET OF PLANTATION, INC. FEI # 65-0969710

To whom it may concern;

It has come to my attention that the annual report was not filed on the above corporation. This would have been the first year to file, however I did not receive any filing notices or forms apparently due to an incorrect address being on file.

I respectfully request a one-time waiver of the reinstatement fee.

I am enclosing a check in the amount of \$150.00 along with application for reinstatement with change of address section completed as indicated.

Your consideration will be appreciated.

Thank you,

Sincerely yours,

Carol MacKinnon President