

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

92-99 AR
REINSTATEMENT

FILED

93 JUN 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13638**

1. Corporation Name
FootE Enterprises, Inc.
D/B/A Fashion Tile

Principal Place of Business
2800 NOVA Road
Daytona Bch, FLA.
32119

Mailing Address
18 Pine Valley Cir
Ormond Bch, FLA
32174-3821

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 92-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1/1/91

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

693038559

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	JAMES FOOTE	18 PINE VALLEY CIRCLE	Ormond Bch FLA 32174-3821

600002914986--5
-06/24/99--01101--029
*****1800.00 ***1800.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
JAMES FOOTE
Street Address (P.O. Box Number is Not Acceptable)
18 PINE VALLEY CIRCLE
Suite, Apt. #, Etc.
Or
City
Ormond Bch State
FL Zip Code
32174

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

June 8, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99 904 672-9510
Date Daytime Phone #

CR2E001 (12/98)