

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 525110

1. Corporation Name

PREMIUM TILE INC

REINSTATEMENT 96-03

500025721265
12/23/03--01019--001 **1800.00

2. Principal Office Address

2307 W. BARCLAY RD PO BOX 151925

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

HILLS

Zip

33618

Country

HILLS

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 15 1991

5. FEI Number

59-3100511

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

GABE PANEPINTO

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

3901 APPLE TREE DR

Suite, Apt. #, Etc.

City

VALRICO

State
FL

Zip Code

33594

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

Gabe Panepinto
REGISTERED AGENT MUST SIGN

Date 12/15/03

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
DP	<u>JUAN PIMENTEL</u>	<u>2307 W. BARCLAY RD</u>	<u>TAMPA, FL 33618</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03

Date

Daytime Phone #

CR2E081 (10/02)