	F	PLEASE READ /	ALL INST	RUCTI	ONS	BEFORE C	OMPLET	ING THIS FO	RM.	
APPLICATION. FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS					FILED		
DOCUMENT # \$80710 Corporation Name A G TILE AND PLASTERING, INC.]] SE	NOV 24 APTT: ICREAL TY OF STA LAHASSEE FLOO	ATE	· ·
Principal P 25 GRIIFIN 30X 93 AN COCOA FL	ID-100-	3	Mailing Address 125 GRilfIN RD BOX 93 AND 103 - COCOA FL 32922							
If above a	addresses are in incipal Office Ad	correct in any way, line thro idress, If Applicable	US ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida 09/16/1991			
City & State Zip Country			City & State	1			6. CERTIFICATE	APPLIED FOR OF STATUS DESIRED	\$8.75 Ad	Applied For Not Applicable ditional Fee required ertificate of Status
'. Names	and Street Addr	esses of Each Officer and/o	r Director (Flor	rida nonprofi	t corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers				Street Address of Each Officer and/or Director			City / State / Zip		
PT GAMBLE, LARRY			3896 KENNEDY CIR:			CIR?		COCOA FL 32922	329	126
		•							1	
							11/24/	0024949 030101901	912C 8 **1) 75.00
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
							P.O. Box Number is Not Acceptable)			
125 GRIFFIN DRIVE BAY 93 - 103 Suite, Apt. #, Etc.										
COCOA FL -32922-						City State Zip Code FL 33926				
0. I, being		registered agent of the abov	e named corpo	ration, am fa	amiliar wit	th and accept the ob	oligations of Secti	on 607.0505, F.S. or 61	7.0505, F.S.	

11.1 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 of Registered Ager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

November 17, 2003

State of Florida Division of Corporations Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

L & G Tile and Plastering Inc

Document # S80710

Please accept this letter to have the \$600.00 reinstatement fee waived. The above-mentioned Corporation did not receive two Uniform Business Report (UBR) notices regarding the revocation of said Corporation.

Enclosed is a check in the amount of \$150.00 and the Application for Reinstatement as required.

Sincerely,

Larry Gamble, President L & G Tile and Plastering, Inc.