

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV -8 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17288

1. Corporation Name

SAL CERAMIC TILE CORP.

Principal Place of Business

Mailing Address

5800 SW 60 ST
MIAMI FL 33143

5800 SW 60 ST
MIAMI FL 33143



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2564385

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SALAZAR, HUMBERTO	5800 SW 60 ST	MIAMI FL
SD	SALAZAR, RUDOLFO	5801 SW 60 ST.	MIAMI FL

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****383,75 ****383,75

REINSTATEMENT *al*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MARTIN, ROBERT H., ESQ.
7103 S.W. 198TH AVE. STE. B
MIAMI FL 33173~~

Name: J.H. GUARCH, JR.
Street Address (P.O. Box Number is Not Acceptable):
Aran Correa & GUARCH, P.A.
Suite, Apt. #, Etc.: 710 S. Dixie Highway
City: CORAL GABLES State: FL Zip Code: 33146

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/6/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *SALAZAR Humberto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
11/6/96 666-6335
Date Daytime Phone

CREAK (7/96)