

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000064354

1. Corporation Name

REYES TILE SERVICE CO.

2. Principal Office Address  
890 E 23 STREET

Suite, Apt. #, etc.

City & State  
HIALEAH, FL

Zip  
33013

Country  
USA

3. Mailing Office Address  
133 NE 5 PL.

Suite, Apt. #, etc.

City & State  
CAPE CORAL, FL

Zip  
33909

Country  
USA

FILED

06 APR 27 PM 12:46

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida JULY 3, 2000

5. FEI Number  
65-1020720

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  
MARINA P. REYES

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

133 NE 5 PL.

Suite, Apt. #, Etc.

City  
CAPE CORAL

State  
FL

Zip Code  
33909

000074351910  
05/10/06--01004--018

\*1208.75

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

*Marina P. Reyes*

REGISTERED AGENT MUST SIGN

Date 4/19/06

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
D,P	MARINA P. REYES	133 NE 5 PL.	CAPE CORAL, FL 33909
		<i>M/S/2</i>	

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 contained in Chapter 119, 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:

*Marina P. Reyes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

239-560-8243

Daytime Phone #