

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000065495

1. Corporation Name

New Wave Pavers & TILE, Inc.

2. Principal Office Address

9245 RAMBLEWOOD

Suite, Apt. #, etc.

DRIVE, #1224, Bldg #12

City & State

CORAL SPRINGS, FL

Zip

33071

Country

BRW

3. Mailing Office Address

6828 W. ATLANTIC

Suite, Apt. #, etc.

BLVD.

City & State

MARGATE, FL

Zip

33063

Country

BRW

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

65-1123132

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

LOURIVAL CALDERON ANA M. VASQUEZ

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

9245 RAMBLEWOOD DRIVE,

Suite, Apt. #, Etc.

APT #1224, BUILDING #12

City

CORAL SPRINGS

000018017860

05/05/03--01096--013 **300.00

State

FL

Zip Code

33071

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

ANNA M. VASQUEZ

REGISTERED AGENT MUST SIGN

Date 04-30-03

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
<u>V.P</u>	<u>ANA M. VASQUEZ</u>	<u>6828 W. ATLANTIC BLVD, MARGATE, FL</u>	<u>33063</u>
<u>P</u>	<u>LOURIVAL CALDERON</u>	<u>6828 W. ATLANTIC BLVD, MARGATE, FL</u>	<u>33063</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:

ANNA M. VASQUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04-30-03

(954) 575-1039
Daytime Phone #

CR2E081 (10/02)

Exclusive Nannies & Housekeeping, Inc.

Atlantic Plaza 6828 West Atlantic Blvd. Margate, FL 33063

Fax Number: (954) 978-9991 Office: (954) 933-9286

April 30, 2003

To whom it may concern:

Dear Mrs. Epeterson,

This letter is to confirm our conversation on February 11, 2003, explaining that we never received the Previous Forms 2002 or 2003 Uniform Business Reports for Corporations: **Exclusive Nannies & Housekeeping, Inc. Employer Identification Number: 65-1133170 Social Security Number: 594-377229, and New Wave Pavers & Tile, Inc. Employer Identification Number: 65-1123132 Social Security Number: 593-318735**

Can you please Reinstate the Corporations, I am following up your instructions to send \$300.00 for each Corporation.

If you have any questions, please don't hesitate to call me.

Local cell: (754) 368-2404. or Home: (954) 575-1039

Sincerely,

Ana M. Vasquez & Lourival Calderon.

Signature:

Date: 04-30-03

Lourival Calderon
Lourival Caderon

Signature:

Date: 04-30-03

Ana M. Vasquez
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