

PS 192

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 OCT 24 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034256

1. Entity Name
IMPERIAL STONE & CERAMIC, INC.



Principal Place of Business
~~14807 N 12TH ST
LUTZ, FL 33549~~
14902 N. 12th St.
Lutz, FL 33549

Mailing Address
~~14807 N 12TH ST
LUTZ, FL 33549~~
14902 N. 12th St.
LUTZ, FL 33549

2. Principal Place of Business
14902 N. 12th St.

3. Mailing Address
14902 N. 12th St.

Suite, Apt. #, etc.
Unit 2000. Building 2000

City & State
Lutz, FL 33549

City & State
Lutz FL 33549

Zip Country Zip Country



4. FEI Number
74-3035839

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEITAS-GARCIA, SAIRE
5236 N ST VINCENT STREET
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Martha Perez* *Saire Fleitas* DATE 10.21.05

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLEITAS-GARCIA, SAIRE 5236 N ST VINCENT STREET TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEREZ, MARTA 5236 N ST VINCENT STREET TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060522000 10713705-01051-012-24159-75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTHA, Perez (name only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha Perez* *Saire Fleitas* DATE 10.10.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Company Phone #

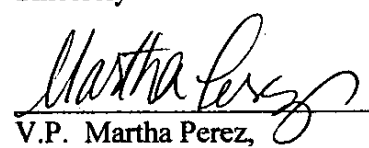
B 292

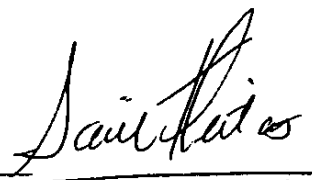
10/10/05

The following letter is to inform:

Imperial Stone and Ceramic, Inc. Has moved and therefor we have not received any paper work for reinstatement. I was un aware of this problem until today. Attached is a 2005 for profit corporation reinstatement letter I got from my book keeper with a few changes such as name spelling correction, the new address were any other information to us should be sent and a check written out to FLORIDA DEPARTMENT OF STATE for the amount of \$150.00 that should take care of the reinstatement. I apologize for any confusion in our part if any problems accrue please feel free to contact me at the numbers below.
I would also like a certificate of status for an additional \$8.75.

Sincerely


V.P. Martha Perez,


Pres. Saire Freitas Garcia.

Ph: 813-873-2779
fax: 813-971-0046
cell: 813-7605996
