## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOÇUMENT # P0200034256

1. Corporation Name

IMPERIAL STONE & CERAMIC, INC.

Principal Place of Business

Mailing Address

3422 W LAMBRIGHT LOT & TAMPA FL 33614

-3422 W LAMBRIGHT LOT A TAMPA-FL-33814

FILED

03 OCT 21 PM 3: 13

TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line three		ow.	
2. New Principal Office Address, If Applicable 14807 N. lath St.	3. New Mailing Office Address, If Applicable 14807 N. 12th St.	Date Incorporated or Qualified     To Do Business in Florida	03/22/2002
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State Lutz. Florida	City & State Lutz, Florida	74-3035839	Not Applicable
33549 -Country	Zip 33549 Country	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
	<del></del>		

7. Names	and Street Addresses of Each Officer and/or Direction	ector (Florida nonprofit co	·	otors)	
Title(s)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	City / State / Zip	
PT	FLEITAS-GARCIA, SAIRE	5236 N-ST VINCENT STREET		TAMPA FL 33614	
VS PEREZ, MARTA		5236 N ST VINCENT STREET		TAMPA FL 33614	
<del></del>				100023958451	
			10	100023958451 1/21/10301012005 **150,00	
			Miorn		
	8. Name and Address of Current Regis	tered Agent	<u>-</u>	ne and Address of New Registered Agent	
FLEITAS-GARCIA, SAIRE			Name Street Address (P.O. Box	Number is Not Acceptable)	

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

Suite, Apt. #, Etc.

City

State Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

(813)873-2779

Daytime Phone #

CHZE040 (7/0

## Imperial Stone & Ceramic, Incorporated

14807 North 12<sup>th</sup> Street Lutz, Florida 33549-3508 (813) 873-2779

October 14, 2003

RE: OUR 2003 UBR

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Please be advised that we did not receive the original mailing of the above captioned UBR due to circumstances beyond our control.

During the first quarter of this year, we moved our offices and promptly filed a forwarding order with the US Postal Service. When your office mailed the UBR, that forwarding order (for some reason) either was not enforced or had expired. As a result, we did not receive the original UBR (or any subsequent notices) and our corporation was dissolved.

To prevent a recurrence of the above, we have provided our new address on the enclosed Application for Reinstatement.

Due to the mitigating circumstances surrounding this matter, we respectfully request that you accept the enclosed check (#1337 in the amount of \$150) as payment in full of our UBR fees and that you reinstate our corporation.

Should you require any additional information, please call me directly.

Martha Perez President