


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000125909**

1. Entity Name  
**AMAT TILE & MARBLE CORP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

**REINSTATEMENT**

Principal Place of Business  
1353 CR 13  
ORLANDO, FL 32820

Mailing Address  
1353 CR 13  
ORLANDO, FL 32820



2. Principal Place of Business  
**1353 CR 13**  
Suite, Apt. #, etc.

3. Mailing Address  
**1353 C.R 13**  
Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04) *MRS*

City & State  
**ORL FL 32820**

City & State  
**ORL FL**

Zip  
**32820**

Country  
**U.S.A**

Zip  
**32820**

Country  
**U.S.A**

4. FEI Number  
**54-2131101**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMAT, JUAN J**  
1353 CR 13  
ORLANDO, FL 32820

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **11-3-04**

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AMAT, JUAN J</b> 1353 CR 13 ORLANDO, FL 32820	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AMAT, VIDA</b> 1353 CR 13 ORLANDO, FL 32820	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-3-04** Daytime Phone #