

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 7:23

DOCUMENT # P05000001302

1. Corporation Name

PINEDA MARBLE, TILES & KEYSTONE INSTALLATIONS, INC

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #

5454 W 20 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5454 W 20 AVE

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2005

5. FEI Number

20-2230775

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
RODRIGUEZ, RADAMES

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

5454 W 20 AVE

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33016

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X *Radames Rodriguez*

REGISTERED AGENT MUST SIGN

Date 04/12/2007

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
PD	RODRIGUEZ, RADAMES	5454 W 20 AVE	HIALEAH FL 33016

100103238621
05/25/07--01010--021 **300.00

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:

X *Radames Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2007

786-229-2673

Date

Daytime Phone #