

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 28 PM 4:29

DOCUMENT # P05000029522

1. Corporation Name

MENDOZA TILE & MARBLE INSTALL. CORP.

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

2344 NW 31st STREET

Suite, Apt. #, etc.

City & State

MIAMI DADE

Zip

33142

Country

USA

3. Mailing Office Address

2344 NW 31st STREET

Suite, Apt. #, etc.

City & State

MIAMI DADE

Zip

33142

Country

33142

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-32777084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75

7. Name and Address of Current Registered Agent

Name

BLAS A MENDOZA

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

2344 NW 31st STREET

Suite, Apt. #, Etc.

City

MIAMI DADE

State

FL

Zip Code

33142

☒ 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

REGISTERED AGENT MUST SIGN

Date **OCTOBER 26, 2009**

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
PRES.	BLAS A MENDOZA	2344 NW 31st STREET	MIAMI DADE, FL. 33142
SEC.	MARIA E MENDOZA	2344 NW 31st STREET	MIAMI DADE, FL. 33142

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:

BLAS A MENDOZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT-26, 2009

Date

786-586-1848

Daytime Phone #

KS

REINSTATEMENT

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