

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000118730

Entity Name: JAMES TILE AND MARBLE INC

FILED  
Nov 09, 2009  
Secretary of State

## Current Principal Place of Business:

1866 SW CALIFORNIA BLVD  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

1866 SW CALIFORNIA BLVD  
PORT ST LUCIE, FL 34953

## New Mailing Address:

FEI Number: 20-5546382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIFUENTES, JORGE  
1866 SW CALIFORNIA BLVD  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: JORG CIFUENTES

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CIFUENTES, JORGE  
Address: 1866 SW CALIFORNIA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VPDT ( ) Delete  
Name: LOPEZ, VITALINO C  
Address: 1866 SW CALIFORNIA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DS ( ) Delete  
Name: VASQUEZ, ALVARO G  
Address: 670 AUBURN CIR W APT-A  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD ( ) Delete  
Name: MAGALLANES, MIRIAM E  
Address: 1866 SW CALIFORNIA BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE CIFUETES

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date