

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

01 NOV 13 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# **P99000111968**

1. Corporation Name

**BRASPEROLA TILE & MARBLE, INC.**

2. Principal Office Address

**5390 NW 32ND CT.**

Suite, Apt. #, etc.

City & State

**MARGATE, FL**

Zip

**33063**

Country

3. Mailing Office Address

**5390 NW 32ND CT.**

Suite, Apt. #, etc.

City & State

**MARGATE, FL**

Zip

**33063**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/23/1999**

5. FEI Number

**650966298**

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

**ROSA, ANGELA M**

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

**5390 NW 32ND CT.**

Suite, Apt. #, Etc.

City

**MARGATE**

State

**FL**

Zip Code

**33063**

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

**11/8/01**

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
PTD	DE ANDRADE, EDSON V	5390 NW 32ND CT.	MARGATE, FL
VSD	ROSA, ANGELA M	5390 NW 32ND CT.	MARGATE, FL
			SP

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 under section 119.07(3)(1), 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

Date

Daytime Phone #

202

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2001 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2001  
P99000111968  
**BRASPEROLA TILE & MARBLE, INC.**

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form in the mail thus by not sending such form resulted on the Administrative dissolution of the corporation.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

*Angela M. Rosa*  
Angela M. Rosa - Vice - President

**BRASPEROLA TILE & MARBLE, INC.**  
5390 NW 32ND CT.  
MARGATE FL 33063

Phone (954)977-5266