

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P040000 85 33 0**

1. Corporation Name

Tellez Marble & Tile Inc.

2. Principal Office Address

8101 NW 24th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

8300 W. Flagler St.

Suite, Apt. #, etc.

Suite 118

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

Dade

Zip

33147

Country

Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-04

5. FEI Number

20-1441338

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

Gilberto Tellez

600081401826

10/31/06--01082--007 **300.00

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

8101 NW 24th Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33147

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

[Signature]

Date

10-25-06

REGISTERED AGENT MUST SIGN

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	Gilberto Tellez	8101 NW 24th Ave	Miami, FL 33147

REINSTATEMENT 05/06

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:

[Signature] **Gilberto Tellez, Pres.**

Date

10/25/06

Daytime Phone #

282

October 26, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Document #P04000085330

To Whom It May Concern:

I never received Annual report. Please accept payment for 2005 & 2006.

Thank you,



Gilberto Tellez
President