583543

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 583543

1. Corporation Name
VINNIE CERAMIC TILE & MARBLE, INC.

Principal Place of Business / Mailing Address
2951 Simms STREET
HOLLYWOOD, FLORIDA, 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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-11/22/96--01013--002
****240.00 ****240.00

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1842491 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	NUNZIA Salemi	4617 GARFIELD St.	HOLLYWOOD, FL 33021
V.P.	FRANK Salemi	2951 Simms St.	HOLLYWOOD, FL 33020
SECR.	LUCIA D'AGOSTINO	3404 EMERALD OAK Dr.	HOLLYWOOD, FL 33021
TREA	Marco Salemi	2951 Simms St.	HOLLYWOOD, FL 33021
TREA	Sebastiana Mangiafico	2951 Simms St.	HOLLYWOOD, FL 33021

BB-11/21/96

8. Name and Address of Current Registered Agent
LUCIA D'AGOSTINO
3404 EMERALD OAK Drive
HOLLYWOOD, FL 33021

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable) same
Suite, Apt. #, Etc.
City FL Zip

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****150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 15 Nov 1996
REGISTERED AGENT SIGNATURE

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all taxes owed by the corporation have been paid. 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: Lucia D'Agostino 10/19/96 980-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #