

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02738

1. Corporation Name

UNIVERSAL TILE AND MARBLE IMPORTS OF TAMPA, INC

Principal Place of Business

Mailing Address

4902 RIO VISTA AVENUE
TAMPA FL 33634

4902 RIO VISTA AVENUE
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2654933

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	PROVENZANO, JOHN B.	4902 RIO VISTA AVE	TAMPA FL 33634
T	LOCICERO, FELIX	4902 RIO VISTA AVE	TAMPA FL

800003441478--1
-10/27/00--01007--010
****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PROVENZANO, JOHN B
7001 TWELVE OAK BLVD
TAMPA FL 33634

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John B. Provenzano
REGISTERED AGENT MUST SIGN

Date

10/12/00

11. 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)(i), 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:

John B. Provenzano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #

813-888-8087

AD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 6:37



4902 RIO VISTA AVENUE
TAMPA, FL. 33634
(OFFICE)- 813-888-8087
(FAX) 813-886-9363

UNIVERSAL TILE & MARBLE

October 12, 2000

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

Dear Sir or Madam:

WE ORIGINALLY SENT THIS FORM ON SEPTEMBER 8, 2000. WE CALLED TO FOLLOW UP UPON RECEIPT OF LATE FILING NOTICE, AND WERE INFORMED THAT IT HAD NEVER BEEN RECEIVED BY YOU.

PER INSTRUCTIONS WITH KATHY AT YOUR OFFICE WE ARE RESUBMITTING THE NEW FORM ALONG WITH OUR NEW CHECK OF \$550.00 AND ARE RESPECTFULLY REQUESTING WAIVER OF ANY LATE FEES DUE TO CIRCUMSTANCE BEYOND OUR CONTROL

Sincerely,



MONICA OWENS
OFFICE MANAGER