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NSTRUCTIONS BEFORE COMPL

ING THIS FORM.
SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 MAY 25 AM 11: 13

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L

1. Corporation Name

European Tile and Marble Imports, Inc.

| April Com to come to | | | | | | | | | | |
|--|---|---|---------------------------------------|-----------------------------------|---|-------------------------|-------------------------------|--|----------------------------|-----------------|
| 2. Principal Office Address 7615 Pinetree Lane | | 3. Mailing Office Address 7615 Pinetree Lane | | | REIN | STA | TE | MENT | GB- | 01 |
| Suite, Apt. # | ≠, etc. | Suite, Apt. #, etc. City & State West Palm Beach, Florida | | <u> </u> | 4. Date Incorporated or Qualified To Do Business in Florida 2/15/1988 | | | | | |
| City & State West I | Palm Beach, Florida | | | ida | 5. FEI Number 65–0034569 | | | | Applied For Not Applicable | |
| zip 33406 | Country USA | Zip 33406 | Country USA | | 6. CERTIFICATE | ···· | IS DESIRE | | 75 F 2 | ee required |
| | | 7. Name an | d Address of Curi | rent Registered | d Agent | | | | | |
| | Name Rolando L. F Street Address (P.O. Box Number is 1 7615 Pinetree Lane Suite, Apt. #, Etc. | Not Acceptable) | | | | <u>)) </u> - | 0 04 06/21 ***12 | 43529 7010109 00.00 ** | 32 1012 0*1200 | 9 26 3.00 |
| | City West Palm Beach | | | | | State FL | Zip Co 334 | | | |
| 8. I, being Signature of Registered | Agent V Da Im | ove named corporation, a | | d accept the obli | gations of sectio | | | .0503, F.S. y—16,—200 |)] | **** |
| 9. Names | s and Street Addresses of Each Officer ar | nd/or Director (Florida nor | profit corporations | must list at leas | it 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | s | | ddress of Each and/or Director | | | | City / State / Zip | | |
| PD | Guillermo Luis Figue | eroa 7615 | 5 Pinetree | Lane | | West | Palm | Beach, F | 1 334 | 106 |
| V STD | Rolando L. Figue | eroa 7615 | 5 Pinetree | Lane | | West | Palm | Bech, Fl | 3340 |)6 |
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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 filling 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 by Leep 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 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

561-582-2983

Date

Daytime Phone #