


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 SEP -5 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K 36053					
1. Corporation Name UNIVERSAL TILE - MAMBOE					
Mailing Address C/O NEWMAN + Company PA 9595 N. KENDALL DR. SUITE 205 MIAMI, FLA 33176		Principal Place of Business C/O NEWMAN + Company PA 9595 N. KENDALL DR. SUITE 205 MIAMI, FLA 33176			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/4/88	
City & State		City & State		5. FEI Number 65-0097957	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P	UGO IGNOTATO	9595 N. KENDALL DR. SUITE 205	MIAMI, FLA 33176		
			400002289104-4 -09/10/97--01057--003 ****\$15.00 ****\$15.00		
REINSTATEMENT 96-97					
SL 9-8-97					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
BRUCE NEWMAN CPA NEWMAN + Company PA 9595 N. KENDALL DR. #205 MIAMI, FLA 33176			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State	Zip Code	
			FL		
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 Bruce Newman CPA			Date 8/15/97		
REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do 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 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., and that all fees 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: X [Signature] 8/15/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2040 (6/94)