

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

05 DEC 27 AM 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M50339

1. Corporation Name

FLORIDA TILE WORKS, INC.

2. Principal Office Address

12805 S.W. 105 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip 33186

Country US

Zip

Country

REINSTATEMENT

94-0E

4. Date Incorporated or Qualified To Do Business in Florida

4-15-87

5. FEI Number

59-2796704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Filemon Ortega

600063316506

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

12805 S.W. 105 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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]

REGISTERED AGENT MUST SIGN

Date

12/23/05

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
P	ANA LOPEZ	12805 S.W. 105 Terrace	Miami, FL 33186
V	EMILIO AGUDO	12805 S.W. 105 Terrace	Miami, FL 33186

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/05 305-336-6693

Daytime Phone #

DOC.# M50339

FLORIDA TILE WORKS, INC

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Please be advise that the reason that
I didnt pay the 1994 reports was
because I never received it in the mail.

Please accept my payment with out
penalty of \$1965⁰⁰

Thank you in advance.