

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 # **M92695**

1. Corporation Name

MIRABALES TILE INC.

Principal Place of Business

Mailing Address

**MIRABALES TILE, INC.
7488 SO. MILITARY TRAIL
LAKE WORTH, FL. 33462**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/5/88

5. FEI Number

650061760

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
OWNER	RAHON A. MIRABALES	2000 Bimini Dr.	W.P.B., FL. 33406
SECRETARY	ANA M. MIRABALES	1524 FOREST LAKE CIR.	W.P.B., FL. 33406

**000002649280--9
-09/25/98--01086--010
***900.00 ***900.00**

8. Name and Address of Current Registered Agent

**ANA M. MIRABALES
1524-A FOREST LAKE CIR.
W.P.B., FL. 33406**

9. Name and Address of New Registered Agent

Name
ANA M. MIRABALES
Street Address (P.O. Box Number is Not Acceptable)
1524-A FOREST LAKE CIR.
Suite, Apt. #, Etc.

City

W.P.B., FL.

State

Zip Code

FL

33406

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

ANA M. MIRABALES
REGISTERED AGENT MUST SIGN

Date **9/1/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

ANA M. MIRABALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/98

Date

(561) 641-5566

Daytime Phone #