

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR -6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M92695

1. Corporation Name

Mirabales Tile Inc

2. Principal Office Address

7488 So. Military Trail

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33463

Country

USA

3. Mailing Office Address

7488 So. Military Trail

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33463

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0061760

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

M. MAURICIO SOTILLO

500003169555-9

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

6605 S. DIXIE Hwy

Suite, Apt. #, Etc.

-03/14/00--01108--026

******900.00 ****900.00**

City

West Palm Beach

State

FL

Zip Code

33405

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]

Date **3-2-00**

REGISTERED AGENT MUST SIGN

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

President	Ramon A. Mirabales	2080 Bimini Drive	West Palm Beach
			FL, 33

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-00

Date

(54) 641-5566

Daytime Phone #

CR2E081 (9/99)