

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:36

DOCUMENT # P00000010924

1. Corporation Name

Davila's Tiles + Marbles, Inc

REINSTATEMENT 02 2005

2. Principal Office Address

7949 Embassy Blvd

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33023

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

33023

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/2000

5. FEI Number

05-0976821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Genry Davila

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

7949 Embassy Blvd

Suite, Apt. #, Etc.

City

Miramar

State
FL

Zip Code

33020

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

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
P, D	Genry Davila	7949 Embassy Blvd	Miramar FL 33020

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

5/25/05 (954) 214-7773

Date

Daytime Phone #

CR2E081 (01/05)