

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:30

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000026647**

1. Corporation Name

**SANTORINI TILE AND
MARBLE INC.**

2. Principal Office Address

2000 s. DIXIE HWY

Suite, Apt. #, etc.

100

City & State

MIAMI FL

Zip

33133

Country

usa

3. Mailing Office Address

2000 s. dixie hwy

Suite, Apt. #, etc.

100

City & State

MIAMI FL

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-15-2000

5. FEI Number

65-1024040

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100009687001

12/26/02--01020--010 **750.00

7. Name and Address of Current Registered Agent

Name

VICTORIA NEMCHINOVA

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

2000 S. DIXIE HWY

Suite, Apt. #, Etc.

100

City

MIAMI

State
FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date **12-19-02**

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
PD	VICTORIA NEMCHINOVA	2000 S. DIXIE HWY # 100	MIAMI, FL 33133
VD	VICTORIA NEMCHINOVA	2000 S. DIXIE HWY # 100	MIAMI FL 33133

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

Date

Daytime Phone #

VICTORIA NEMCHINOVA 12-19-02

305-858-7979

Fx (305) 279-2603

CR2E081 (8/01)