

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 21 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065143

**1. Corporation Name**

World's Tiles Ceramic Inc  
19100 SW 106 Ave #8  
Miami, FL 33157

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/06/00

**5. FEI Number**

65-1022444

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

Diego F. Pinzon

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

19800 SW 101 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

100033219561  
04/21/04 01004 008 \*\*308.75

**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

4/19/04

**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
STD	<u>Pinzon, Diego F.</u>	<u>19800 SW 101 Ct</u>	<u>Miami FL 33157</u>
PD	<u>Souza, Arleimar</u>	<u>11957 SW 210 St.</u>	<u>Miami FL 33177</u>

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 305-2353600

Date

Daytime Phone #

CR2E031 (01/04)