

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV 13 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000075992

1. Corporation Name

PRECIOUS TILE & MARBLE, INC.

Principal Place of Business

3306 NORTHWEST 79TH AVENUE  
MIAMI FL 33122

Mailing Address

3290 NW 79TH AVENUE  
MIAMI FL 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/2000

5. FEI Number

65-0359590

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MONZON, JUAN CARLOS	3306 NW 79TH AVENUE	MIAMI FL
V	MONZON, LIZBETH	3396 NW 79TH AVENUE	MIAMI FL 33122

8. Name and Address of Current Registered Agent

FERNANDEZ & ESPINOSA LLC  
2350 CAROL WAY  
SUITE 403  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Lizbeth Monzon  
Street Address (P.O. Box Number is Not Acceptable)  
3306 NW 79 ave.  
Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33122

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 21, 2003

Florida Department of State  
Division of Corporation  
Tallahassee, Florida 32314

Atten. Mrs. Katherine Sutphin

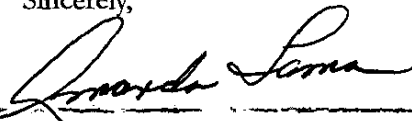
Dear Sir or Madam:

As per our telephone conversation, you already have the checks in your office. Please find enclosed the application for reinstatement, with a change in the current registered agent.

You mentioned a letter that was sent to us but we never received it. So I don't know the information you need.

Any questions feel free to contact me,

Sincerely,

A handwritten signature in cursive script, appearing to read "Amanda Lama", written over a horizontal line.

Amanda Lama