

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV -9 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096782

1. Corporation Name

ORION TILE, INC.

2. Principal Office Address

15275 COLLIER BLVD

Suite, Apt. #, etc.

201 PMB 115

City & State

NAPLES, FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

34119

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-13-2000

5. FEI Number

65-1051012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

JULIO C. IGLESIAS

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

15275 COLLIER BLVD

Suite, Apt. #, etc.

SUITE 201 PMB 115

City

NAPLES

State
FL

Zip Code
34119

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

Julio Iglesias

Date

11-07-05

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
PTSD	JULIO C. IGLESIAS	15275 COLLIER BLVD	NAPLES, FL. 34119

REINSTATEMENT

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:

Julio Iglesias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-07-05

Date

239-7023565

Daytime Phone #