

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104328
1. Corporation Name
Amaya Tile & Marble, INC

REINSTATEMENT 04

2. Principal Office Address <u>6134 EDEN ROAD</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West Palm Beach</u>		City & State	
Zip <u>33417</u>	Country <u>U.S.A.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>11-6-2000</u>	
5. FEI Number <u>65-1052263</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Jose E. Amaya</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>6134 EDEN ROAD</u>		
Suite, Apt. #, Etc.		
City <u>West Palm Beach</u>	State <u>FL</u>	Zip Code <u>33417</u>

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10/22/04--01041--004 **70.00

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 Jose E. Amaya Date 10-20-04
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
President	<u>JOSE E. Amaya</u>	<u>6134 EDEN ROAD, WPB, FL. 33417</u>	<u>WPB, FL. 33417</u>
Secretary Treasurer	<u>Yeslanis Amaya</u>	<u>same</u>	<u>SAME</u>
vice President	<u>Lazaro R. Alonso</u>	<u>910 Alexandria place, WPB, FL. 33417</u>	<u>SAME</u>
vice President	<u>Naim Amaya</u>	<u>6134 EDEN ROAD WPB, FL. SAME 33417</u>	<u>SAME</u>
vice President	<u>JOSE Amaya</u>	<u>same</u>	<u>SAME</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: Jose E. Amaya Date 10-20-04 Daytime Phone # 561 683-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)