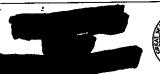
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000013383

1. Corporation Name

MORALES TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

3865 N.W. PINEAPPLE STREET ARCADIA FL 34266

3865 N.W. PINEAPPLE STREET ARCADIA FL 34266

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FILED

02 DEC 13 PH 4: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



900009500569 12/13/02--01020--020 **150.00

If above a	iddresses are incorrect in any way, line t	hrough incorrect i	information and	l enter correction below.				
2. New Pri	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/10/2001			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Stat	9	City & State	· •		59-39-345-9-6 Not Applicable			
Žip	Country	Zip		Country		E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	orida nonprofit	corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	MORALES, ED	3865 N.W. PINEAPPLE STREET			ARCADIA FL 34266			
			-		······································			
	l .		-					
		 -~						
				110 1				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
and the second s				Name	Name			
MORALES, ED 3865 N.W. PINEAPPLE STREET				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ARCADIA FL 34266				Suite, Apt. #, E	uite, Apt. #, Etc.			
				City			State Zip Code	
10. I, beir	ng appointed the registered agent of the	above named cor	rporation, am fa	miliar with and accept the	obligations of Se	ction 607.0505, F.S. or	617.0505, F.S.	
	11							
Signature Registere		A Hora	FLEE	QUIRED		Date		
-			AGENT MUST S					
11. I certi	y that I am an officer or director or the re	eceiver or trustee	empowered to	execute this application as	s provided for in o	hapter 607 or 617, F.S.	. I further certify that when filing or 617 0401. F.S., that all fees	

1. 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

SIGE JUNE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2012

Morales Tile & Marble, Inc. 3865 N.W. Pineapple St. Arcadia, FL 34266

4 December 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 2002 Uniform Business Report

ward Mointes

To whom it may concern:

I recently received a Notice of Administrative Dissolution or Revocation for my Corporation. Since I new to the responsibilities for a new corporation I was not aware that I needed to pay an annual fee. I did not receive any other paperwork form your office prior to this notice. Had I received a prior notice I would have paid it immediately. I recently hired an Accountant this year and I inquired if I had accidentally given him the form and I had not.

I would appreciate your accepting the attached Application for Reinstatement and my check for \$ 150.00 and abate any late filing fee's. Thank you for taking the time to review my request. If I can provide you with any additional information, please do not he sitate to contact me.

Respectfully,

Ed Morales President