

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 13 PH 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013383

1. Corporation Name

MORALES TILE & MARBLE, INC.

Principal Place of Business

3865 N.W. PINEAPPLE STREET
ARCADIA FL 34266

Mailing Address

3865 N.W. PINEAPPLE STREET
ARCADIA FL 34266



300009500569
12/13/02--01020--020 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-373457-6

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MORALES, ED	3865 N.W. PINEAPPLE STREET	ARCADIA FL 34266

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, ED
3865 N.W. PINEAPPLE STREET
ARCADIA FL 34266

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ed Morales
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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)(l), 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:

Ed Morales
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

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

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 hesitate to contact me.

Respectfully,



Ed Morales
President