

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 11:56

DOCUMENT # P01000027984

1. Corporation Name

DECO & PRECISION MARBLE & TILE, INC.

2. Principal Office Address

7788 West 2nd Court

Suite, Apt. #, etc.

City & State

Hialeah Florida

Zip

33014

Country

U.S.A.

3. Mailing Office Address

7788 West 2nd Court

Suite, Apt. #, etc.

City & State

Hialeah Florida

Zip

33014

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/19/2001

5. FEI Number

65-1085889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAMON OLIVA

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

7788 West 2nd Court

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code

33014

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

Ramon Oliva

RAMON OLIVA

12/10/2003

Date

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
DP	RAMON OLIVA	422 East 37th Street	Hialeah Florida 33013-2738
DVP	ALEXIS OLIVA	422 East 37th Street	Hialeah Florida 33013-2738
			000026611480 01/09/04--01060--020 **8.75

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:

Ramon Oliva

RAMON OLIVA

12/10/2003 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #