

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 AM 11:48

DOCUMENT # P01000044633

1. Corporation Name

JC TILE\$OF MIAMI INC

REINSTATEMENT

05-07

2. Principal Office Address - No P.O. Box #  
7955 NW 12 STREET

3. Mailing Office Address

Suite, Apt. #, etc.  
400

Suite, Apt. #, etc.

City & State  
MIAMI, FL 33126

City & State

Zip  
33126

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1099281

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  
JORGE CARDOSA

Street Address (P.O. Box Number is Not Acceptable)  
7955 NW 12 STREET

Suite, Apt. #, Etc.  
400

City  
MIAMI, FL 33126

State  
FL

Zip Code  
33126

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

6/26/07

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
PST	JORGE CARDOSA	7955 NW 12 STREET 400	MIAMI, FL 33126

400105165534  
07/02/07--01069--021 \*\*450.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/07

Daytime Phone #

3/470 750X