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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

06 APR 11 PM 12:43

DOCUMENT # **P01000065224**

1. Corporation Name

Metro Tile, Inc.
3412 W Louisiana Ave
Tampa, FL 33614

2. Principal Office Address

3412 W Louisiana Ave
Suite, Apt. #, etc.

3. Mailing Office Address

3412 W Louisiana Ave
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

700069937067

04/10/06--01043--001 **615.00

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-2001

5. FEI Number

65-1116475

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

Jose L Garcia

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

3412 W Louisiana Ave

Suite, Apt. #, Etc.

City

Tampa FL 33614

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-4-06

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
P	Jose L Garcia	3412 W Louisiana Ave	Tampa FL 33614

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

4-4-06

Date

Daytime Phone #

Per Pat
4/11

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METRO TILE, INC.
3412 W. LOUISIANA AVENUE
TAMPA, FL 33614

April 4, 2006

Position of Corporations
Attn: Pat Bailey
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Bailey:

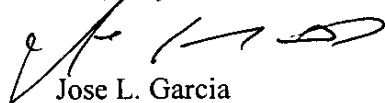
Please be advised that I am hereby submitting my Corporation Reinstatement form along with my check in the amount of \$615 made payable to Florida Department of State.

Please reinstate my corporation as of 2003 and also please verify that my mailing address is correct and has been changed to 3412 W. Louisiana Avenue, Tampa, FL 33614. I did not receive my prior notices of the Annual Report due and I was truly unaware that this was an annual fee since I had just started the corporation in mid year of 2001.

Your immediate attention in this matter is greatly appreciated.

Thank you.

Sincerely,



Jose L. Garcia