

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000010324

1. Corporation Name

ESPINOSA TILE INC.

FILED

03 OCT 27 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
8278 GRIFFIN RD. 8278 GRIFFIN RD.  
DAVIE FL 33328 DAVIE FL 33328



800023770532  
10/14/03 01003 028 \*\*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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/23/2002	
City & State		City & State		5. FEI Number	
Zip		Country		650783532	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice President	Jose B Espinosa	4241 SW 54 AV FLA	Davie FL 33311
President	Cecilia Hernandez	4241 SW 54 AV FLA	Davie 33311
Secretary	Lor Peres	8278 GRIFFIN RD	Davie FL 33328

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

FRANKS, HARVEY  
7804 TRAVELERS TREE DR.  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

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

Date 10-7-03

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)(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:

Cecilia Hernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-03  
Date Daytime Phone #

CR2E040 (7/03)

8278 Griffin Road  
Davie FL 33328

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Espinosa Tile Inc.

October 9, 2003

Florida Dept. of State

Dear Sir or Madam:

This letter is to state that we did not receive any renewal notice from your office for the year of 2003.

Enclosed is our check for \$150.00 for 2003 renewal of our corporation.

Sincerely,

*Celica Hernandez*

Celica Hernandez

