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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 13 AM 8:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000014614

1. Corporation Name
Joaquins Tile Inc.

2. Principal Office Address 14192 Thamhall way Suite, Apt. #, etc.		3. Mailing Office Address 14192 Thamhall way Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32828	Country	Zip 32828	Country

REINSTATEMENT 03

4. Date 'Incorporated' or Qualified To Do Business in Florida 2-4-02

5. FEI Number 01-0610237

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joaquin Garcia

Street Address (P.O. Box Number is Not Acceptable)
14192 Thamhall way

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32828

200024619183
11/13/03--01007--004 **150 00

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 X *Joaquin M. Garcia* Date X 10-29-03

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
President	Joaquin Garcia	14192 Thamhall way	Orlando FL 32828

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: X *Joaquin M. Garcia* Date 10-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (10/02)

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October 29, 2003

Division of Corporation
Department of State
P.O Box 6327
Tallahassee, Fl 32314

Joaquins Tile Inc.
Joaquin Garcia
14192 Thamhall Way
Orlando, Fl 32828

Re: EIN# 01-0610237
P02000014614

To Whom It May Concern:

The reason for this letter is to inform you that I have never received the annual reports for my corporation. Also, I have never received any information on its where abouts or if they were lost. Please feel free to contact me if you have any further concerns.

Sincerely,

Joaquin Garcia
President