

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702000014923

1. Corporation Name

Ernesto T. Inc.

REINSTATEMENT 03

2. Principal Office Address

7604 Ceres St.

Suite, Apt. #, etc.

3. Mailing Office Address

7604 Ceres St.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32022

Country

Orange

Zip

32022

Country

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

2-4-02

5. FEI Number

04-360980

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

Ernesto Padron

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

7604 Ceres St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32022

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

11-4-2003

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	Ernesto Padron	7604 Ceres St. Orlando FL 32022	Orlando FL 32022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

11-4-03 401-201-0227

CR2E081 (10/02)

2921

ERNESTO TILE, INC.
7684 CERES DR
ORLANDO, FL 32314
407-281-0227

November 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: P02000014923

20034BR

Dear Sir or Madam:

As per telephone conversation with your department, am sending it the form of reinstatement of our corporation, since never received the previous notifications.

I request it that be eliminated the reinstatement fee or penalty and corrected its record with my new information. It is indispensable for my to count on this corporation active.

Thank you for help and attention with this matter.

Cordially



Ernesto Padron,
President