

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 10 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000040291**

1. Corporation Name

KUSTOM KUT TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 984
NOCATEE FL 34268

POST OFFICE BOX 984
NOCATEE FL 34268

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

5. FSI Number

81-0547885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Jesus Perez - owner	717 N. Mills Ave	Arcadia FL 34266
Dir	Francisco Trujillo	717 N Mills Ave	Arcadia FL 34266
Tres/ Sec	Kellie Trujillo	717 N Mills Ave	Arcadia FL 34266

900024568059

11/10/03--01085--003 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, JESUS P
717 NORTH MILLS AVENUE
ARCADIA FL 34266

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

Jesus Perez
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Kellie Trujillo / Kellie Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

863 993-
0899
Daytime Phone #

CR2E040 (7/03)

KUSTOM KUT TILE & MARBLE, INC.

POST OFFICE BOX 984
NOCATEE, FLORIDA 34268
863 993 0899
863 990 1924

October 10, 2003

Re: Notice of Administrative Dissolution or Revocation
Document# P02000040291

To whom this may concern:

This letter is in response to the above notice. I would like the Florida Department of State to take into consideration this is the first correspondence and/or notice to our knowledge regarding our corporation. Please notice this is our first year in business. Due to the fact that I, the owner, was in a serious automobile accident since being incorporated it has delayed our start in the business officially transacting business. So please take into account that I am trying my best to maintain momentum so when we are able to conduct business we are lawfully abiding by the Florida Division of Corporation to sustain active status.

Please accept my request for forgiveness and agree of the amount of \$150.00 for penalty fee and reinstate my corporation. I would greatly appreciate your help in this matter. If I could assist you with any questions please respond at the above number and/or address.

Looking forward to hearing from you,

Jesus P. Perez
Owner

Attachments: Check in amount of \$150.00
Application

JPP/kmt