

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043381

1. Corporation Name

SQUARE ONE MARBLE + TILE, INC.

REINSTATEMENT 03-04

2. Principal Office Address

4514 SUMMER COVE DR EAST

Suite, Apt. #, etc.

115

City & State

SARASOTA, FL

Zip

34243

Country

US

3. Mailing Office Address

PO BOX 20005

Suite, Apt. #, etc.

NONE

City & State

SARASOTA, FL

Zip

34276

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04-15-02

5. FEI Number

56-2427252

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

OZZIE R. LOPEZ

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

4514 SUMMER COVE DR EAST

Suite, Apt. #, Etc.

115

City

SARASOTA

000032512200

04/13/04--01019--004 **308 75

State

FL

Zip Code

34243

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

Ozzie R. Lopez AP

REGISTERED AGENT MUST SIGN

Date 3-31-04

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
DP	OZZIE R. LOPEZ	4514 SUMMER COVE DR E.	#115 SARASOTA, FL 34243
DV	BRADLEY BENNETT	2615 JEFFERSON CIRCLE	SARASOTA, FL 34239

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:

Ozzie R. Lopez P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 941-928-1740

Date

Daytime Phone #

CR2E081 (01/04)