

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000049570

1. Corporation Name

KB Marble and Tile Inc.

2. Principal Office Address - No P.O. Box #

7125 sw 42 place

Suite, Apt. #, etc.

City & State

Davie Florida

Zip
33314

Country
USA

3. Mailing Office Address

7125 sw 42 place

Suite, Apt. #, etc.

City & State

Davie Florida

Zip
33314

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
04/30/2002

5. FEI Number

01-0697360

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

Kevin Byrtus

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

7125 sw 42 place

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

800280545778
01/04/16--01008--013 **750.00

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

Kevin Byrtus

REGISTERED AGENT MUST SIGN

Date 12-30-2015

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	Kevin Byrtus	7125 sw 42 place	Davie Florida 33314

10. E-mail Address: kbyrtus@att.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kevin Byrtus

KEVIN BYRTUS

12-30-2015 954-448-3649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #