

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 26 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000069483**

**1. Corporation Name**

BEST PRICE TILE/MARBLE INC

*Best Price Tile/Marble Corp.*

**2. Principal Office Address**

700 LALIQUE CR

Suite, Apt. #, etc.

1005

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

**3. Mailing Office Address**

700 LALIQUE CR

Suite, Apt. #, etc.

1005

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

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

06/24/2004

**5. FEI Number**

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

*Elkin Marulanda*

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

*700 Lalique Cr.*

Suite, Apt. #, Etc.

*1005*

City

*Naples*

State

FL

Zip Code

*34119*

600059028246

08/26/05--01054--001 \*\*108.75

**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

*9/22/05*

**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
PRES	BLANCA MARULANDA	700 LALIQUE NUMBER 1005	NAPLES FLORIDA 34119
V-PRE	ELKIN MARULANDA	700 LALIQUE NUMBER 1005	NAPLES FLORIDA 34119

**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:

*Blanca Marulanda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9/24/05*

Daytime Phone #

*239354-2852*

CR2E081 (01/05)