

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000073823

1. Corporation Name

MASTER Rodriguez Tile, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

8910 Covered Bridge Ct. 8910 Covered Bridge Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

City &amp; State

TAMPA, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7.8.02

5. FEI Number

01-0734915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required  
by a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Dumeski Rodriguez

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

8910 Covered Bridge Ct.

500040501055

Suite, Apt. #, Etc.

08/25/04--01054--001 \*\*\*00.00

City

Tampa

State

FL

Zip Code

33634

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.3503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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.	Dumeski Rodriguez	8910 Covered Bridge Ct	Tampa, FL 33634

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

8/20/04 813-884-7627

Cell

Daytime Phone

CORPORATION



# Master Rodriguez Tile

8910 COVERED BRIDGE CT., TAMPA, FL 33634; 813-884-7627/FAX: 813-243-5467

August 23, 2004

Florida Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: FL Corp: MASTER RODRIGUEZ TILE, INC.  
P020000073823

To Whom It May Concern:

Per our telephone conversation with your offices, I Duniesky Rodriguez was never advised as to the requirement for annual fees to maintain my corporation. Upon having learned of the fact that my corporation needed to be reinstated I consulted the agents involved and was promptly informed that they would require additional fees. Your offices stated that I should inform you of the fact that I never received any notification of fees due and that this should accompany a \$ 300 check enclosed herewith as well as the reinstatement form. At this time I would like to change the agents name to Duniesky Rodriguez, 8910 Covered Bridge Ct., Tampa, FL 33634, 813-884-7627. Thank you for your prompt assistance in this matter.

Very truly yours,

  
Duniesky Rodriguez-President  
Master Rodriguez Tile, Inc.

Sent Via Express Mail