PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000084120

1. Corporation Name

DOCUMENT #

BUCUR TILE & MARBLE INC

Principal Place of Business

Mailing Address

8336 B TRENT CT

8336 B TRENT CT

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

REINSTATEMENT 03



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					200023793762 10/14/0301060014 **150.00			
2. New Principal Office Address, 22167 ASLATIC	3. New Mailing Office Address, If Applicable 22147 ASLATIC STREET			4. Date Incorporated or Qualified To Do Business in Florida 08/05/2002				
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.		5. FEI Number Applied For			
City & State BOCA RATON	FLORIDA	City & State	RATION	FLORIDA	22-38	59994		Not Applicable
Zip 33428 Count	SA	Zip 3342	& Cou		CERTIFICATE	OF STATUS DESIRED	\$8.75 Addi for a Cer	tional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		l 4	ity / State / Zip	
P BUCUR, ALEXANE	BUCUR, A LEXANDRA MALEXANDRU		8336 B TRENT CT 22167 ASLATIC :		STREET	BOCA RATON FL -33433- 33 438		
VP BUCUL MINODOR	P BUCUL MINODOLA M.		22167	ASLATTE S	ASLATTIC STREET		on, fl	33424
								
					<u> </u>	<u> </u>		
						}	-	Ì
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
Name						. 3]
KIESUNG, ROBERT A					P.O. Box Number is Not Acceptable)			
					ASLATIC STREET			
BOYNTON BCH FL 33426				Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
				City		 1	State Zip C	
كالمحتف المسايين المناسب				BOCA	RATON	<u> </u>	FL 33	3428
10. I, being appointed the registe	red agent of the above	named corpora	ation, am familiar	with and accept the ol	bligations of Secti	on 607.0505, F.S. or 61	17.0505, F.S.]
,								
Signature of	indere M.	Land	,			1. /2	. / .	{
Registered Agent // REGISTERED AGENT MUST SIGN						Date 10/2	9103	
								
11. I certify that I am an officer or this reinstatement application,		ion has been ei	liminated, the co	rporate name satisfies				

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BUCUR TILE & MARBLE, INC.

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October 09, 2003

Florida Department of State Glenda E. Hood (Secretary of State) Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Corporation Annual Report Document # P02000084120 FEI # 22-3859994

Dear Madame:

I received a Dissolution of Corporation Notice from your office, reason being that you had not received my annual dues for my corporation for the year 2003. I had never received any notice in the mail from your office about my annual dues. Perhaps the mail went to wrong address? I did move to new address, which I corrected on the reinstatement form. For whatever the reason may be, I never received any notice at my new address and would like you to accept my annual dues at this time. Along with this letter, I am enclosing my 2003 dues of \$150.00 and the Application for reinstatement with the corrected spelling of name and my new address. Please make the correct changes in your file for future correspondence.

I Thank you for your time and consideration in this matter.

Sincerely.

Alexandru C. Bucur

Bucur Tile & Marble, Inc.

President