

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -5 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087241

1. Corporation Name

Roman Tiles, Inc.

2. Principal Office Address

1344 Ferendina dr.

3. Mailing Office Address

1344 Ferendina dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona FL.

City & State

Deltona FL.

Zip

32725

Country

U.S.

Zip

32725

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

16 August 2002

5. FEI Number

223866137

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

David Roman

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

1344 Ferendina dr.

Suite, Apt. #, Etc.

City

Deltona

State
FL

Zip Code
32725

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

Date

01/01/05

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
S-U.	Minerva Barreto	1344 Ferendina dr	Deltona FL. 32725
P.	David Roman	" "	" " "

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01/05/05--01010--006 **750.00

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

David Roman

Date

01/01/05 (407)
719-6368

Daytime Phone #