

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087859

1. Corporation Name

ANC TILE & MARBLE CO.

Principal Place of Business

Mailing Address

~~2752 FOUNTAINVIEW CIRCLE~~
~~APARTMENT 104~~
~~NAPLES FL 34109~~

~~2752 FOUNTAINVIEW CIRCLE~~
~~APARTMENT 104~~
~~NAPLES FL 34109~~



800023881578
10/17/03--01030--014 **150.00

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0474934

Not Applicable

Zip

Country

Zip

Country

34109 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VLONGA, ANCUTA	2752 FOUNTAINVIEW CIRCLE #104 594 102 ND Ave. N.	NAPLES FL 34109 Naples, FL 34108

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASS, RAYMOND L JR.
THE MOORINGS PROFESSIONAL BUILDING
2335 TAMiami TRAIL NORTH - SUITE 409
NAPLES FL 34103

Name

Ancuta Vlonga

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

594 102ND Ave. N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10/11/03

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., 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.

Ancuta Vlonga, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (7/03)

2012

ANC Tile, Inc EIN# 03-0474934
594 102nd Avenue N.
Naples, Florida 34108
(239)289-3290

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 10, 2003

To Whom It May Concern:

I am writing this letter in regards to the Notice of Administrative Dissolution. I never received the original form with the \$150.00 fee due on or before May 1, 2003. The attorney that filed all of the documents that are required for the state was listed as the registered agent. I am no longer in contact with this attorney. I am a new business owner and am not familiar with all of the paperwork that is due and when it is due. I am sending a check for \$150.00 to keep this corporation an entity with the state. I am also changing the registered agent, so that any and all paperwork can be received by the owner at the correct address. Could you please forgive my late filing and accept this as the original form. Could you also update my files with the correct address listed on this form.

Sincerely,



Ancuta Vlonga