


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000066825

1. Corporation Name

ALMEIDA TILE & MARBLE INSTALLATION, CORP.

~~WDZ-60859~~

2. Principal Office Address - No P.O. Box #

1061 SW 6TH AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

Zip

33441

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name  
NILSO J ALMEIDA

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

1061 SW 6TH AVENUE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

*Nilso Almeida*  
REGISTERED AGENT MUST SIGN

Date 01-25-07

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
P,D	NILSO J ALMEIDA	1061 SW 6TH AVENUE	DEERFIELD BEACH, FL 33441

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 contained in Chapter 119, 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:

*Nilso Almeida*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
07 FEB 16 AM 9:22

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

600088908026  
02/21/07--01030--011 \*\*450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/2003

5. FEEL Number

30-0183280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

1061 SW 6<sup>th</sup> Avenue  
Deerfield Beach, FL 33441

January 24, 2007

**RE: ALMEIDA TILE & MARBLE INSTALLATION, CORP.**  
P03000066825

DEAR STATE DEPARTMENT,  
Attn: REINSTATEMENT SECTION

PLEASE WAIVE MY LATE FEE BECAUSE I HAVE NEVER RECEIVED THE ANNUAL REPORT NOTICES IN MY HOUSE. THIS IS THE FIRST TIME THAT I DEAL WITH THIS KIND OF PROBLEMS, I AM STILL KIND OF NEW WITH THE PAPERWORK. I WAS VERY SURPRISED TO KNOW THAT MY CORPORATION WAS INACTIVE. PLEASE, CONSIDER MY CASE AND WAIVE THE LATE FEE. ALSO UPDATE MY ADDRESS IN YOUR RECORDS. MY NEW ADDRESS IS AS FOLLOWS: 1061 SW 6TH AVENUE, DEERFIELD BEACH, FL 33441.

PLEASE REVIEW THIS CASE AND GIVE ME AN ANSWER.

THANK YOU SO MUCH,

SINCERELY,

  
NILSO J ALMEIDA  
PRESIDENT