

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000120825

1. Corporation Name

LUCY TILES & CERAMICS, INC.

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

10665 SW 190 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

3104

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33157

Country

Zip

Country

200171869232
03/11/10--01025--009 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified

To Do Business in Florida **10/27/2003**

5. FEI Number

270069875

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

ARLEIMAR SOUZA

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

10665 SW 190 ST.

Suite, Apt. #, Etc.

3104

City

MIAMI

State

FL

Zip Code

33157

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.

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

REGISTERED AGENT MUST SIGN

Date **03/02/2010**

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
PDT	ARLEIMAR SOUZA	10665 SW 190 ST.	MIAMI, FLORIDA, 33157

10. E-mail Address: Lucytiles@gmail.com

(To be used for future annual report notification)

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. I further certify 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:

Arleimar Souza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2010

Date

305-316-0531

Daytime Phone #