

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JAN -4 PM 4:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000129442

1. Corporation Name

Danny Tiles INC.

000162453260  
11/18/09--01001--013 \*\*158.75

2. Principal Office Address - No P.O. Box #  
599 N. Apache Circle

3. Mailing Office Address  
599 N. Apache Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deltona

City & State  
Deltona

Zip  
32725

Country  
USA

Zip  
32725

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2005

5. FEI Number  
611468758

☒ 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  
Daniel Aviles

Street Address (P.O. Box Number is Not Acceptable)  
599 N. Apache Circle

Suite, Apt. #, Etc.

City  
Deltona

State Zip Code  
FL 32725

☒ 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

*[Signature]*

Date 10/28/09

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
VP	Norma Aviles	599 N. Apache Circle	Deltona, FL 32725
P	Daniel Aviles	599 N. Apache Circle	Deltona, FL 32725

REINSTATEMENT

08-2010

000162453260  
04/10--01012--003 \*\*150.00

01/04/10 - 01012 003

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.

Daniel Aviles *[Signature]*

10-28-09

(386) 804-2525

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*