

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 31 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133221

1. Corporation Name

PRO-TILES OF ORLANDO CO.

REINSTATEMENT

2. Principal Office Address

6835 Bouganvillea Crescent Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32809

Country
US

3. Mailing Office Address

6835 Bouganvillea Crescent Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32809

Country
US

04-07
3P

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0411969

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

Alexie Morales

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

6835 Bouganvillea Crescent Dr

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32809

300087607013

02/07/07--01053--012 **450.00

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

Alexie Morales

REGISTERED AGENT MUST SIGN

Date **11/29/06**

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	Alexie Morales	6835 Bouganvillea Crescent Dr	Orlando, FL 32809

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:

Alexie Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/06

Date

407-276-2161

Daytime Phone #

PRO-TILES OF ORLANDO CO.
6835 Bouganvillea Crescent Dr.
Orlando, FL 32809
Tel. 407-276-2161
Document # P03000133221

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November 28, 2006

Department Of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please waive the penalty and reinstate my corporation because I never received the (2004) Department of State of Dissolution notice and Annual Reports. I am enclosing a Check for \$450.00.

Thank you for you attention:

Sincerely:



Alexie Morales
President