

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 OCT 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000133331**

1. Corporation Name:

W F TILE & MARBLE, INC.
13449 3RD STREET
FORT MYERS, FL 33905

2. Principal Office Address

13449 3RD STREET

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33905

Country

USA

3. Mailing Office Address

13449 3RD STREET

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33905

Country

USA

REINSTATEMENT

04-06 DEC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

09-0126905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

WILLIAM D. ROCHA

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

13449 3RD STREET

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33905

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 ☒

Date

OCT. 14, 2006

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
D/P	WILLIAM D. ROCHA	13449 3RD STREET	FORT MYERS, FL 33905
D/PA	FRANCISCO I. ROCHA	4981 LUCKETT RD.	FORT MYERS, FL 33905

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D. ROCHA

Date

OCT. 14, 2006

Daytime Phone #

786-295-7547