

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *on 05*

DOCUMENT # **P03000134463**

1. Corporation Name

Jorge Garcia Installation Tile, Inc.

2. Principal Office Address 3. Mailing Office Address

108 Polk City Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Haines City, FL

Zip

Country

Zip

Country

33844-4217

Polk

33844-4217

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/2003

5. FEI Number

81-0635971

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

G. Pattison

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

917 N. Palmway St.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

G. Pattison

REGISTERED AGENT MUST SIGN

Date

4-7-05

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
Director	Jorge Garcia	108 Polk City Rd	Haines City, FL 33844

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 under section 119.07(3)(i), 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: *X Jorge Garcia*

Jorge Garcia, Director

4/7/2005

(863) 421-8825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #