

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 OCT 17 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000135359

1. Corporation Name Ochoa's Tile of Orlando, Inc

2. Principal Office Address - No P.O. Box # <u>2414 Skan Court</u>		3. Mailing Office Address <u>926 Salerno Court</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando, FL 32839</u>		City & State <u>Kissimmee FL</u>	
Zip <u>32839</u>	Country <u>Orange</u>	Zip <u>34785</u>	Country <u>Osceola</u>

REINSTATEMENT  
2007-10-17

4. Date Incorporated or Qualified To Do Business in Florida <u>11/19/2003</u>		
5. FEI Number <u>20-0405866</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name  
Rita Cabrera

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

Suite, Apt. #, Etc.

City  
Kissimmee

State  
FL

Zip Code  
34785

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 Rita Cabrera Date 10/01/07

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
P	Rita Cabrera	926 Salerno Court	Kissimmee, FL 34785
VP	Rigoberto Rodriguez	2414 Skan Court	Orlando, FL 32839
T	Jose C Sisneros	2414 Skan Court	Orlando, FL 32839
			500110918115 10/17/07--01070--005 **150.00
			000110253500 10/04/07--01012--008 **750.00

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: Rita Cabrera Rita Cabrera 10/01/07 321-229-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #