

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 #

2414 Skan Court

Suite, Apt. #, etc.

City & State

Orlando, FL 32839

Zip

32839

Country

Orange

3. Mailing Office Address

926 Salerno Court

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34785

Country

Osceola

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2003

5. FEI Number

20-0405866

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

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/07 321-229-3611
Date Daytime Phone #

OCT 17 2007