


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>04 AUG 13 PM 4:13</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # P03000142303</p> <p>1. Corporation Name ADD ON TILE & MARBLE INSTALLATION, CORP.</p> <p>5160 Las Verdes Cir 5160 Las Verdes Cir</p>																															
<p>2. Principal Office Address 5160 Las Verdes Cir</p> <p>Suite, Apt. #, etc. 208</p> <p>City & State Del Rey Beach, FL</p> <p>Zip 33484</p> <p>Country USA</p>		<p>3. Mailing Office Address 5160 Las Verdes Cir</p> <p>Suite, Apt. #, etc. 208</p> <p>City & State Del Rey Beach, FL</p> <p>Zip 33484</p> <p>Country USA</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida 12/01/2003</p> <p>5. FEI Number 20-0429832</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable																										
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<p>7. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%;"><tr><td colspan="2">Name ALEJANDRO J. NUNEZ</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 5160 LAS VERDES CIRCLE</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. 208</td></tr><tr><td>City DEL REY BEACH</td><td>State FL</td></tr><tr><td colspan="2">Zip Code 33484</td></tr></table>				Name ALEJANDRO J. NUNEZ		Street Address (P.O. Box Number is Not Acceptable) 5160 LAS VERDES CIRCLE		Suite, Apt. #, Etc. 208		City DEL REY BEACH	State FL	Zip Code 33484																			
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<p>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.</p> <p>Signature of Registered Agent: <u>Alejandro J. Nunez</u> Date: <u>07/22/2004</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>ALEJANDRO J. NUNEZ</td><td>5160 LAS VERDES CIRCLE</td><td>DEL REY BEACH, FL -33484</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	ALEJANDRO J. NUNEZ	5160 LAS VERDES CIRCLE	DEL REY BEACH, FL -33484																				
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<p>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.</p> <p>SIGNATURE: <u>Alejandro J. Nunez</u> Date: <u>07/22/2004</u> (561)512-2421</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																															

CR2E081 (01/04)

Miami, July 22nd, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: ADD ON TILE & MARBLE INSTALLATION, CORP.
Doc Number P03000142303**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,

Alejandro J. Nunez

**Alejandro J. Nunez
President
5160 Las Verdes Circle, Apt # 208
Del Rey Beach, FL 33484**