


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
08 DEC -8 PM 1:17  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000143701

**1. Corporation Name**

**MAREDU TILE SETTING, INC**

**2. Principal Office Address - No P.O. Box #**

**11018 PEKIN PL**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

Zip

**33624**

Country

**HILLSBOROUGH**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida **DEC 02, 2003**

**5. FEI Number**

**20-0444852**

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

**RENATO KATSUKI**

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

**11018 PEKIN PL**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33624**

☒ 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

Date **12/04/2008**

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
PD	RENATO KATSUKI	11018 PEKIN PL	TAMPA, FL 33624

**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

**RENATO KATSUKI**

**12/04/2008**

Date

Daytime Phone #