

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR - 6 PM 12: 01

DOCUMENT # P04000014144

1. Corporation Name

George Haido Marble&Tile Inc

2. Principal Office Address - No P.O. Box #
4502 Woodland Circle

3. Mailing Office Address
4502 Woodland Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac, Fl

City & State
Tamarac, Fl

Zip Country
33319 USA

Zip Country
33319 USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 01/20/2004

5. FEI Number
030529836

☒ 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
Gheorghe Haido

Street Address (P.O. Box Number is Not Acceptable)
4502 Woodland Circle

Suite, Apt. #, Etc.

City
Tamarac

State Zip Code
FL 33319

☐ 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

REGISTERED AGENT MUST SIGN

Date 02/24/2009

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
PR	Gheorghe Haido	4502 Woodland Circle	Tamarac, Fl 33319

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:

PR

02/24/2009

561-401-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #