

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1078

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 26 AM 11:08

RECEIVED  
JUN 26 2006

DOCUMENT # PO4000016955

1. Corporation Name

MODEL TILE & MARBLE FABRICATON INC

2. Principal Office Address

4269 1ST AVE NW

Suite, Apt. #, etc.

City & State

NAPLES

Zip

34119

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL 34119

Zip

Country

**REINSTATEMENT**

CR2E081 (12/05)

0506

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/2004

5. FEI Number

20-0603570

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

SARA FULLAM

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

108 LAKE POINT LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

Sara Fullam

Date

6/13/06

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
<u>PRES</u>	<u>CONSTANTIN MAIERAN</u>	<u>4261 1ST AVE NW</u>	<u>NAPLES FL 34119</u>
<u>VPRES</u>	<u>SIMION COBUT</u>	<u>1470 23RD ST SW</u>	<u>NAPLES FL 34117</u>

300077093649  
07/06/06--01060--006 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-13-06

Date

Daytime Phone #

282

MODEL TILE & MARBLE FABRICATION, INC.  
4269 1<sup>ST</sup> AVENUE NW  
NAPLES, FLORIDA 34119  
JUNE 13, 2006

DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

RE: REINSTATEMENT OF CORPORATION  
DOCUMENT NO. PO 4000016955

GENTLEMEN:

ENCLOSED IS THE REINSTATEMENT OF THIS CORPORATION. ENCLOSED  
ALSO IS A CHECK IN THE AMOUNT OF \$1650.00.

I WOULD APPRECIATE IT VERY MUCH IF THE REINSTATEMENT FEE  
BE WAIVED, AS I DID NOT RECEIVE THE ANNUAL REPORT NOTICES  
FOR EITHER 2005 OR 2006.

THANK YOU FOR HANDLING THIS MATTER.

*Constantin Maierian*  
CONSTANTIN MAIEREAN *CM*  
PRESIDENT

CM/SJF  
ENCLS. 2