

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021690

1. Entity Name
CASAGRANDE MARBLE & TILE, INC.



Principal Place of Business
812 HILLTOP DR
BRANDON, FL 33511

Mailing Address
812 HILLTOP DR
BRANDON, FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172006

REIN-P

CR2E098 (11/05)

05-06

4. FEI Number

59-3782624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name VICTOR R. MACIEL

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

812 HILLTOP DR

City BRANDON

FL

Zip Code 33511

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-31-06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MACIEL, VICTOR R
STREET ADDRESS 812 HILLTOP DR
CITY - ST - ZIP BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600076156226
06/13/06--01039--020 **\$900.00

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-06

8136109322

FILED
06 JUN -2 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

