

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000025649

1. Corporation Name

Special Tiles Corp.

2. Principal Office Address

101 S. Bumby Ave

Suite, Apt. #, etc.

Apt E-12

City & State

Orlando, FL

Zip

32803

Country

Orange

3. Mailing Office Address

2641 Albion Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32833

Country

Orange

11-20-06 01074 017 \$750.00
CP26081 (12/05)

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/05/04

5. FEI Number

20-0724018

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

Vladimir Cossio Sr.

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

101 South Bumby Ave.

Suite, Apt. #, Etc.

Apt E-12

City

Orlando

State

FL

Zip Code

32803

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-27-06

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
P	Vladimir Cossio Sr.	101 S. Bumby Ave.	Orlando, FL. 32803

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

11/27/06


Date

321-274-2482

Daytime Phone #

B. Mitchell DEC - 1 2006

2 of 2

 11/17/06

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



VLADEMIR COSSIO (PRESIDENT)