

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000035281

1. Entity Name
B AND C CARDENAS TILE CORPORATION



Principal Place of Business
**138 CORAL BELL CT
ORLANDO, FL 32807**

Mailing Address
**138 CORAL BELL CT
ORLANDO, FL 32807**

2. Principal Place of Business
138 Coral Bell CT

3. Mailing Address
138 Coral Bell CT

Suite, Apt. #, etc.

10052005 REIN-P CR2E098 (6/04)

City & State
Orlando FL

City & State
Orlando FL

Zip
32807

Country
Orange

Zip
32807

Country
Orange

4. FEI Number
16-16 94171

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, BLAS
138 CORAL BELL CT
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 900060782909	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, BLAS		NAME 10/19/05--01068--018 **158.75	
STREET ADDRESS 138 CORAL BELL CT		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32807		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Blas Alvarez* 10-05-05 407 302-5566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

copy