


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000037093

1. Entity Name  
EMILIO TILE CORPORATION



FILED

06 AUG 25 AM 7:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5109 CURRY FORD RD.  
APT. 1  
ORLANDO, FL 32812

Mailing Address  
5109 CURRY FORD RD.  
APT. 1  
ORLANDO, FL 32812

2. Principal Place of Business  
8438 Cherinoya Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
8438 Cherinoya Ct.  
Suite, Apt. #, etc.



REINSTATEMENT 05.06

City & State  
Orlando FL

Zip  
32825

Country  
USA

4. FEI Number  
200786280

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
HERMILIO, RIVERA  
5109 CURRY FORD RD.  
APT. 1  
ORLANDO, FL 32812

8438 Cherinoya Ct.  
Orlando FL 32825

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]* DATE 8-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY - ST - ZIP	P/D RIVERA, HERMILIO 5109 CURRY FORD RD. APT. 1 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D RIVERA, Hermilio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8438 Cherinoya Ct. Orlando FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100079228271 08/29/06--01056--006 ***300.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 8-18-06 (407) 2563642

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell AUG 25 2006