


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000049120 1. Entity Name CARMENATE TILE INSTALLATIONS INC					
Principal Place of Business 138 CORAL BELL CT ORLANDO, FL 32807 US				Mailing Address 1904 SUMMER WIND DR APT 1904 WINTER PARK, FL 32792 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CARMENATE, ILENO M 1904 SUMMER WIND DR APT 1904 WINTER APRK, FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	P CARMENATE, ILENO M 1904 SUMMEWR WIND DR APT 1904 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 800061079678 11/01/05--01061--009 **158.75 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PIEDRA, BLAS J 138 CORAL BELL CT ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>for 11/2</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # (321) 388-2970		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182005 REIN-P CR2E098 (6/04)

4. FEI Number **200894466** Applied For
Not Applicable

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