

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000106099

1. Corporation Name

JR TILE INSTALLERS, INC.

Principal Place of Business

1625 SPANOLA AVE. #106
HOLLY HILL, FL 32117

Mailing Address

1625 SPANOLA AVE. #106
HOLLY HILL, FL 32117

If above addresses are incorrect in any way, list through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2004

5. FEI Number

20-1379804

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	RAMOS, JOSE M.	1625 SPANOLA AVE #106	HOLLY HILL, FL. 32117
VP	HRNANDEZ, CARLOS R.	910 OLEANDER AVENUE	DAYTONA BEACH, FL. 32117

8. Name and Address of Current Registered Agent

MAYORGA, AUGUST C.
200 NORTH DENNING DRIVE, SUITE 5
WINTER PARK, FL 32789-3736

9. Name and Address of New Registered Agent

Name

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

State, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/7/06

11. 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 under section 119.07(3)(f), 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:

Jose M Ramos

4/07/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

300073717403
05/02/06--01044--003 **300.00