

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 23 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000125626

1. Corporation Name

J & E Tile Design, Inc

2. Principal Office Address - No P.O. Box #

4500 Turner Rd

Suite, Apt. #, etc.

City & State

Mulberry FL

Zip

33860

Country

USA

3. Mailing Office Address

4798 S Florida Ave

Suite, Apt. #, etc

#405

City & State

Lakeland FL

Zip

33813

Country

USA

600163919676
12/23/09--01094--001 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2004

5. FEI Number

20-1568181

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

Jose Vanegas

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

4500 Turner Rd

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jose Vanegas

REGISTERED AGENT MUST SIGN

Date 12/18/09

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
Pres	Jose Vanegas	4500 Turner Rd	Mulberry / FL / 33860

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 Vanegas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/09 (803) 648-9299

Date

Daytime Phone #