

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127694

1. Entity Name
FE TILE & MARBLE, CORP.



Principal Place of Business
1229 S. OCEAN BLVD
UNIT 42
POMPAÑO BEACH, FL 33062 US

Mailing Address
1229 S. OCEAN BLVD
UNIT 42
POMPAÑO BEACH, FL 33062 US

2. Principal Place of Business
1009 N Ocean Blvd

3. Mailing Address
1009 N Ocean Blvd

Suite, Apt. #, etc.
607

Suite, Apt. #, etc.
607

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33062

Country
USA

Zip
33062

Country
USA



12/29/06 REINSTATEMENT

4. FEI Number
20-1592067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EREMIA, FLORIAN
1229 S. OCEAN BLVD
UNIT 42
POMPAÑO BEACH, FL 33062

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 FLORIAN EREMIA 12.28.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D EREMIA, FLORIAN 1229 S. OCEAN BLVD #42 POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, CORINA R 1229 S OCEAN BLVD #42 POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800082861998 12/29/06--01033--013 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: FLORIAN EREMIA 954-478-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 JAN -2 2007

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED JAN 2 2007