

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LM

0-08-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000135340

1. Corporation Name

Olivera Tile, INC.

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

10305 Williams Oak Rd

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

3. Mailing Office Address

10305 Williams Oak Rd

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/2004

5. FEI Number

20-1676569

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

Luis A. Olivera

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

10305 Williams Oak Rd

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

☒ 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

Luis C. Olivera

Date

01/30/08

REGISTERED AGENT MUST SIGN

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
P.	Luis A. Olivera	10305 Williams Oak Rd	Riverview, FL 33569

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10. 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 contained in Chapter 119, 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:

Luis C. Olivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/08

Date

Daytime Phone #

the notification was
never Received.

thank you.
