

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB -1 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000136889

**1. Corporation Name**

POP MARBLE AND TILE,  
INC.

300087493243  
02/06/07--01009--024 \*\*450.00

**2. Principal Office Address**

1300 SHETTER AV

Suite, Apt. #, etc.

LOT 63

City & State

JACKSONVILLE BEACH, FL

Zip

Country

32250 DUVAL

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/01/2004

**5. FEI Number**

86-1118945

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

**7. Name and Address of Current Registered Agent**

Name

VASILE POPA

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

1300 SHETTER AV

Suite, Apt. #, Etc.

LOT 63

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01.29.07

**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	VASILE POPA	1300 SHETTER AVE LOT 63	JACKSONVILLE BEACH FL 32250

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 (904) 704-1254  
Date Daytime Phone #