

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 16 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137455

**1. Corporation Name**

H & A TILE - INSTALLER CORP.

**2. Principal Office Address**

9351 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

B304

City & State

MIAMI, FL

Zip

33172

Country

USA

**3. Mailing Office Address**

9351 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

B304

City & State

MIAMI, FL

Zip

33172

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/04/2004

**5. FEI Number**

20-1706894

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

HELLEN M. PEREZ

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

9351 FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

B304

City

MIAMI

State

FL

Zip Code

33172

**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]*

Date 11/13/2006

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	HELLEN M. PEREZ	9351 FONTAINEBLEAU BLVD #B304	MIAMI, FL 33172
V	ARISTIDES GARCIA	9351 FONTAINEBLEU BLVD #B304	MIAMI, FL 33172

600081856256  
11/18/06--01037--024 \*\*300.00

**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 under section 119.07(3)(i), 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

11/13/2006

Date

(786) 326-6783

Daytime Phone #

Miami, FL, November 13, 2006

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

**Ref: H & A TILE - INSTALLER CORP., Document No. P04000137455, Reinstatement for 2004-2005**

Dear Sirs,

This is to inform you that the referenced corporation did not receive the Annual Report notice for 2005, and therefore, it did not file its Annual Report for the years 2005 and 2006 due to the fact that it changed its principal/ mailing address, which is the following:

9351 Fontainebleau Blvd #B304  
Miami, FL 33172

Since we are willing to keep the corporation's name active and keep doing business with it, we are sending the Reinstatement Form for this corporation with the updated information, along with the payment of \$300.00 corresponding to the Annual Report fees for the years 2005 and 2006, respectively for you to please reinstate this company. Finally, we kindly request you to waive any penalties caused by this situation, based on the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (786) 326-6783. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,

✓

  
**HELLEN M. PEREZ**  
President