

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 23 PM 8:00

DOCUMENT #

1. Corporation Name

Cali Tile & Marble Services Inc.

P04000152227

200062374972
12/23/05 - 01040--008 **750.00

2. Principal Office Address

23 San Jose Circle

Suite, Apt. #, etc.

23

City & State

Winter Park FL

Zip

32792

Country

US

3. Mailing Office Address

23 San Jose Circle

Suite, Apt. #, etc.

23

City & State

Winter Park, FL

Zip

32792

Country

US

REINSTATEMENT

05

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

11/05/04

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marielissa Sanchez

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

23 San Jose Circle

Suite, Apt. #, Etc.

23

City

Winter Park

State

FL

Zip Code

32792

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

Dec 14, 2005

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 | Marielissa Sanchez | 23 San Jose Circle | Winter Park FL 32792 |
| VP | Carlos A Gomez | 23 San Jose Circle | Winter Park, FL 32792 |
| | | | |
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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 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

[Signature] Marielissa Sanchez

Date

Dec 14, 2005 954539 4340

Daytime Phone #