

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 14 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161132

1. Corporation Name

EL VELO TILE REMODELING, CORP.

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

8105 SW 147 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

3. Mailing Office Address

8105 SW 147 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

USA

000182819800  
07/01/10--01035--011 \*\*550.00  
REINSTATEMENT  
CR2E0818 (10/08) 09-10

4. Date Incorporated or Qualified  
To Do Business in Florida 11/30/2004

5. FEI Number  
65-1237059

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  
HUMBERTO DANIEL

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

8501 SW 147 COURT

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33193

☐ 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

Date 06.11.2010

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	HUMBERTO DANIEL	8501 SW 147 COURT	MIAMI, FL 33193

000182819800  
07/14/10--01002--015 \*\*350.00

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 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

6/11/10  
Date

7863291288  
Daytime Phone #