

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000163842

1. Entity Name
TANDIL MARBLE AND TILE CORP



FILED
07 JUN 28 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
335 W 47 STREET
APT. 9
MIAMI BEACH, FL 33140

Mailing Address
100 LINCOLN RD APT 426
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number

20-1967434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSAS, ATILIO
100 LINCOLN RD APT 426
MIAMI BEACH, FL 33139

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

300105411643

07/03/07--01052--008 **300.00

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROSAS, SERGIO D
STREET ADDRESS 335 W 47 STREET
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME 300105411643
STREET ADDRESS 07/03/07--01052--008
CITY-ST-ZIP **687.75

TITLE VSD
NAME ROSAS, ATILIO L
STREET ADDRESS 335 W 47 STREET
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Delete

TITLE PD
NAME ROSAS, ATILIO
STREET ADDRESS 100 LINCOLN RD #426
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-21-07

26/29