

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000020330**

1. Corporation Name

PEREZ TILE, INC.

400111399344
10/26/07--01058--003 **750.00

HA

REINSTATEMENT 2007

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

9755 S.W. 55 ST

Suite, Apt. #, etc.

3. Mailing Office Address

9755 S.W. 55 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/02/05

5. FEI Number

05-0616137

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

PEREZ, ANDRES ARQUIMEDES

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

9755 SW 55 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

AA Perez

REGISTERED AGENT MUST SIGN

Date **10-23-07**

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
PSD	PEREZ, ANDRES A.	9755 SW 55 ST	MIAMI / FL / 33165

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:

AA Perez

ANDRES A. PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-07

Date

786-344-4566

Daytime Phone #