

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000087241

1. Entity Name
Y. RIVERA TILE INSTALLERS, INC.



Principal Place of Business
1751 NW 4TH STREET
MIAMI, FL 33125

Mailing Address
1751 NW 4TH STREET
MIAMI, FL 33125

2. Principal Place of Business

1751 NW 4 St
Suite, Apt. #, etc.

3. Mailing Address

1751 NW 4 St
Suite, Apt. #, etc.

City & State

Miami FL

Zip
33125

Country

City & State

Miami FL

Zip
33125

Country



REINSTATEMENT 06-07 W08

4. FEI Number

55 09000088

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, YONI
1751 NW 4TH STREET
MIAMI, FL 33125

7. Name and Address of New Registered Agent

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 YONY RIVERA This is his official signature

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

100086467121
01/30/07--01003--017 **300.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RIVERA, YONI
STREET ADDRESS 1751 NW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: YONY RIVERA This is his official signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

262

Y. RIVERA TILE INSTALLERS, INC.
1751 NW 4 STREET
MIAMI, FL 33125

November 17, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Y. Rivera Tile Installers, Inc.
Document Number: P05000087241
Form: Profit Annual Report

To Whom It May Concern:

This letter is in reference to the administrative dissolution by the Department of State on September 15, 2006 of the above referenced corporation. Please note that the tax payer did not receive the Profit Annual Report due for the year 2006, or any subsequent communications from the State notifying him that the payment was due. There had been employee turnover in the position that would have normally received this document and the new employee was unaware of this filing requirement and this went unnoticed. We respectfully request that the Department waive the penalty for reinstatement because the late filing was due to reasonable cause and not willful neglect. We are including a check in the amount of \$150.00 for the fee for 2006. In addition we have taken internal measures to assure that this does not happen again in the future and that all future reports with the Department of State are timely filed.

Based on the above information, we kindly request that the Department correct the taxpayer's account to reflect the payment of the Annual Report fee, and update the corporation's records to show it as an active corporation.

If you have any questions or need additional information, please contact me at (786)256-3558.

Very Truly yours,

YONY RIVERA

Yony Rivera