

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 14 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000098851

1. Corporation Name

AMERITILES CERAMIC TILES DISTRIBUTORS INC

100118061211
02/14/08--01039--004 **450.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box # 4502 OLD WINTER GARDEN RD Suite, Apt. #, etc.		3. Mailing Office Address 4502 OLD WINTER GARDEN RD Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32811	Country ORANGE	Zip 32811	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 07/13/2005

5. FEI Number 45-0959399 **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 JOE ARIAS		
Street Address (P.O. Box Number is Not Acceptable) 4502 OLD WINTER GARDEN ROAD		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32808

☒ 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

REGISTERED AGENT MUST SIGN

Date **FEBRUARY 12, 2008**

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	COTELO, JOSE	4502 OLD WINTER GARDEN ROAD	ORLANDO, FLORIDA 32811
VPD	ARIAS, JOSE	4502 OLD WINTER GARDEN ROAD	ORLANDO, FLORIDA 32811

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

U. P. D

Date

Daytime Phone #

2-10-08

407-523-9544