

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD5000139654

1. Corporation Name

SILVA TILE INC

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

1400 GANDY BLVD

Suite, Apt. #, etc.

410

City & State

Saint Petersburg Florida

Zip

33702

Country

USA

3. Mailing Office Address

1400 GANDY BLVD

Suite, Apt. #, etc.

410

City & State

St Petersburg - FL

Zip

33702

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3625672

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

SILVA, CLAYSON V

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

1400 GANDY BLVD

Suite, Apt. #, Etc.

410

City

St Petersburg

State

FL

Zip Code

33702

☒ 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

Clayson V Silva

REGISTERED AGENT MUST SIGN

Date

6/2/07

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
P	SILVA, CLAYSON V	1400 GANDY BLVD # 410	St Petersburg - FL 33702

200706084102
07/13/07--01057--018 **900.00

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:

Clayson V Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)686-4719

REINSTATEMENT

Michael JUL 13 2007