

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 26 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000168471

1. Corporation Name

CASTELLON TILE AND MARBLE, CORP.

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

10301 SW 64 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Office Address

10301 SW 64 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

REINSTATEMENT

07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2005

5. FEI Number

20-4047144

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

HECTOR CASTELLON

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

10301 SW 64 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

☐ 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

Date 09/22/07

REGISTERED AGENT MUST SIGN

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 | HECTOR CASTELLON | 10301 SW 64 ST | MIAMI/FL/33178 |
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700109951277
09/26/07--01031--006 **750.00

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:

Hector Castellon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/07

Date

305-300-5456

Daytime Phone #