

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000088412

1. Corporation Name

JMB TILE INC.

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

5001 ALUTHRA WAY

3. Mailing Office Address

5001 ALUTHRA WAY

Suite, Apt. #, etc.

Suite N-21

Suite, Apt. #, etc.

Suite 1521

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32839

Country

USA

Zip

32839

Country

USA

**7. Name and Address of Current Registered Agent**

Name

BENEDICTO GONZALEZ

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

5001 ALUTHRA WAY

Suite, Apt. #, Etc.

Suite 1521

City

Orlando

State

FL

Zip Code

32839

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/2006

5. FEI Number

20-5152040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/25/09

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	BENEDICTO GONZALEZ	5001 ALUTHRA WAY Suite 1521	ORLANDO, FLORIDA 32839
D	LIZA ORTIZ	5001 ALUTHRA WAY Suite 1521	ORLANDO, FLORIDA 32839

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]

BENEDICTO GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/2009

Daytime Phone #

407-