

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000094421

1. Corporation Name

Alejandro Tile & Marble Inc

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

4150 SW 84 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/08)

07-08

4. Date incorporated or Qualified  
To Do Business in Florida

7-17-06

5. FEI Number  
20-5213468

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

Alejandro Gutierrez

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

4150 SW 84 Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33155

☒ 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 1/23/09

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	Alejandro Gutierrez	4150 SW 84 Ave	Miami, FL 33155
D	Carlos A. Zetino	4150 SW 84 Ave	Miami, FL 33155

700142033467  
01/23/09--01022--010 \*\*450.00

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/09

Date

786-399-0126

Daytime Phone #

DEC 26 2008

Charter Number Only

V  
A  
L  
I  
D  
A  
T  
I  
O  
N  
  
O  
N  
L  
Y

1/23/09

Atlantic Stamp

Requester's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

ALEJANDRO TILE & MARBLE INC.

PO6000094421

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                  | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

Name  
Availability  
Document  
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028