

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 NOV 17 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000103612

1. Corporation Name

LEO TILE & MARBLE, INC

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

2481 8TH STREET

Suite, Apt. #, etc.

APT 66

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

2481 8TH STREET

Suite, Apt. #, etc.

APT 66

City & State

SARASOTA, FL

Zip

34237

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/08/2006

5. FEI Number

205344052

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

LEVI A. ARAUJO

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

3551 CORONADO DRIVE

Suite, Apt. #, Etc.

#901

City

SARASOTA, FL

State

FL

Zip Code

34231

☒ 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 11-13-08

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	LEVI A. ARAUJO	2481 8TH STREET APT 66	SARASOTA, FL 34237
	<b>REINSTATEMENT</b>		
		<b>RH</b>	

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:

LEVI A. ARAUJO 11-13-08 / 233-888-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #