

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 21 A 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100158747521
07/21/09--01027--002 **450.00

CR2E081 (12/08)

DOCUMENT # **P06000117142**

1. Corporation Name

DELTA TILE INC.

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

12025 AROID COURT

Suite, Apt. #, etc.

3. Mailing Office Address

12700 Bartram Park Blvd.

Suite, Apt. #, etc.

122

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

USA

Zip

32258

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/2006

5. FEI Number

11-3773286

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

NERTIL XHELO

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

3200 Hartley Rd.

Suite, Apt. #, Etc.

216

City

Jacksonville, FL

State

FL

Zip Code

32257

☒ 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 **7/16/09**

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
Pres	NERTIL XHELO	3200 Hartley Rd. # 216	Jacksonville, FL 32257
VP	ADHURIM AMETI	12700 Bartram Park Blvd. # 122	Jacksonville, FL 32258

REINSTATEMENT

07-888

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/09

Date

(904) 386-0194

Daytime Phone #