

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>206000134360</u>			
1. Corporation Name <u>ARENA MARBLE AND TILE, INC</u>			
2. Principal Office Address - No P.O. Box # <u>2708 WISTERIA PL</u>		3. Mailing Office Address <u>2708 WISTERIA PL</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SARASOTA FL</u>		City & State <u>SARASOTA FL</u>	
7 in	Country	Zip	Country
<u>34239</u>	<u>SARASOTA</u>	<u>34239</u>	<u>SARASOTA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>10-19-2006</u>			
5. FBI Number <u>20-5742163</u>			
6. CERTIFICATE OF STATUS DESIRED ☒ <u>REINSTATEMENT 07-08</u>			
7. Name and Address of Current Registered Agent			
Name <u>ANDREW M ARENA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2708 WISTERIA PL</u>			
Suite, Apt. #, etc. <u>SA</u>			
City <u>SARASOTA</u>		State <u>FL</u>	Zip Code <u>34239</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0604, F.S.			
Signature of Registered Agent <u>Andrew M Arena</u>		Date <u>10-30-08</u>	
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
<u>PM/D</u>	<u>ANDREW M ARENA</u>	<u>2708 WISTERIA PL</u>	<u>SARASOTA FL 34239</u>
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: <u>Andrew M Arena</u> <u>ANDREW M ARENA</u>		Date <u>10-30-08</u> (941) 954-5315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 07-08

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