

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000144335**
1. Corporation Name **JULIAN'S TILE MARBLE
GRANITE ALL KIND OF STONE
INSTALLATION INC**
W09-1358

600139485046
01/05/09--01053--018 **310.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box # 2782 CLAREMONT CIR W Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32207	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Julian Gzokoya			
Street Address (P.O. Box Number is Not Acceptable) 2782 Claremont Cir W			
Suite, Apt. #, Etc.			
City Jacksonville	State FL	Zip Code 32207	

☒ 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]	Date 02/01/09
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
A. J	Andi Jokaj	6233 Devonhurst Dr	Jacksonville FL 32207
	Artistic Marble	11655 Beach Blvd	Jacksonville FL 32246
A. G	Gjergj Rrakaj	4980 Greenland Highway	Jacksonville FL 32258
P	Julian Gzokoya	2782 Claremont Cir W	Jacksonville FL 32207
u	Julian Gzokoya

600139485046
01/20/09--01033--017 **148.75

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]** **JULIAN GZOKOJA** Date **01/15/09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR