

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000010143

1. Entity Name  
P.A.R. TILE AND MARBLE, INC.



FILED

08 DEC 23 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12022008 REIN-P CR2E098 (1/07)

Principal Place of Business  
4585 GROVE STREET  
APT. 4  
WEST PALM BEACH, FL 33415 US

Mailing Address  
4585 GROVE STREET  
APT. 4  
WEST PALM BEACH, FL 33415 US

2. Principal Place of Business - No P.O. Box #  
4585 Grove St

3. Mailing Address  
4585 Grove St.

Suite, Apt. #, etc.  
#4

Suite, Apt. #, etc.  
#4

City & State

City & State

West Palm Beach, FL West Palm Beach, FL

Zip  
33415

Country  
U.S.

Zip  
33415

Country  
U.S.

4. FEI Number  
208283045

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RODRIGUEZ, PAVEL A SR.  
4585 GROVE STREET  
APT. 4  
WEST PALM BEACH, FL 33415

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

*[Signature]*

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RODRIGUEZ, PAVEL A  
STREET ADDRESS 4585 GROVE STREET APT. 4  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300139244903  
CITY-ST-ZIP 12/23/08--01035--001 \*\*158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

*[Signature]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Pavel A. Rodriguez 12-18-08 (561)900-4400.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #