

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -3 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000094585

1. Corporation Name

ANTIQUE BRICK & STONE, INC.

357  
12-4

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

1001 S.E. 11 STREET

Suite, Apt. #, etc

3. Mailing Office Address

1001 S.E. 11 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

000163289810  
12/03/09--01035--1007 \*\*300.00  
REINSTATEMENT 08-09

4. Date incorporated or Qualified To Do Business in Florida **AUG. 22, 2007**

5. FEI Number  
26-0796045

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  
HARVEY DIAZ

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

1001 S.E. 11 STREET

Suite, Apt. #, Etc

City  
HIALEAH

State Zip Code  
FL 33010

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 **NOV. 30, 2009**

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	HARVEY DIAZ	8550 DALKEITH LN.	MIAMI LAKES, FL 33016
V	ASTRID DIAZ	8550 DALKEITH LN.	MIAMI LAKES, FL 33016

10. E-mail Address: HARVEYDIAZ@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

HARVEY DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV.30,09 3057968800

Date Daytime Phone #