


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS |

FILED
03 OCT 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016833

1. Corporation Name

CONTRERAS TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

111 MADISON DRIVE
NAPLES FL 34110
US

111 MADISON DRIVE
NAPLES FL 34110
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0591188

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | CONTRERAS, JIMMY | 111 MADISON DRIVE | NAPLES FL 34110 |
| | | | |
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| | | | |
| | | | |

200023962892
10/21/03--01031--006 **150.00

10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONTRERAS, JIMMY
111 MADISON DR
NAPLES FL 34110

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Jimmy Contreras

Date 10-18-03

REGISTERED AGENT-MUST-SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Jimmy Contreras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-03 (239) 591-1081

Date

Daytime Phone #

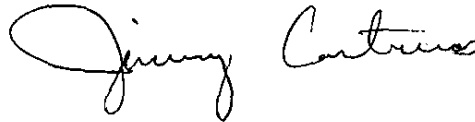
CR2E040 (7/03)

10-18-03

To whom it may concern,

On September 3, 2003, I, Jimmy Contreras, of Contreras Tile & Marble, Inc., was injured. I have had several surgeries and will be released from the doctor on November 7th, 2003. I have been trying to go through all my mail and have not come across any UBR reports. I have just received notice of the administrative dissolution or revocation. I contracted your office and I am following the procedure that I was-told-to follow. I appreciate your help in this matter.

Thank you,
Jimmy Contreras

A handwritten signature in cursive script that reads "Jimmy Contreras". The signature is written in dark ink and is positioned below the printed name.