PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -8 PM 4:50

DOCUMENT # **P95000048931**

1. Corporation Name

R-A TILE COMPANY OF NAPLES, INC.

Principal Place of Business	Mailing Address
1718 41ST ST SW SUITE B NAPLES FL 34116 US	1718 41ST ST SW SUITE B NAPLES FL 34116 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2210 21st Street SW	2210 21st Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	Naples, FL
Zip: 34117 Country: US	Zip: 34117 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1995

5. FEI Number: 65-0590559 ☐ Applied For ☐ Not Applicable

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
D	MELO, ROBERT	1332 WILDWOOD LAKES BLVD #6	NAPLES FL 33942
P/VP D/C/M	MELO, ROBERT	2210 21st Street SW	Naples, FL 34117
T	VILLA, ADOLFO	811 Jefferson Avenue	Immokalee, FL 34142
S	RUIZ, SERIO A.	3536 Bolero Way	Naples, FL 34105

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MELO, ROBERT 1718 41ST ST SW SUITE B NAPLES FL 34116	Name: Robert Melo Street Address (P.O. Box Number is Not Acceptable): 2110 21st Street SW Suite, Apt. #, Etc.: City: Naples State: FL Zip Code: 34117

CR2E040 (8/99)

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.

Signature of Registered Agent: Robert Melo — Date: 12-2-99
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: Robert Melo — 12-2-99 — (941) 564-2395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT MELO

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