PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## FILED

OI APR 23 PH 3: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DOCUMENT # P95000070556

1. Corporation Name

R & P CERAMIC AND MARBLE INSTALLATION, INC.

7226 WEST COLONIAL DR. #422 ORLANDO FL 32818 US  If above addresses are incorrect in any way, line the  2. New Principal Office Address, If Applicable		7226 WEST COLONIAL DR #422 ORLANDO FL 32818 US  rough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			REINSTATEMENT 98-01  4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		_Suite, Apt. #, etc.			0;	9/11/1995		
City & State		City & State			59-3332369 Applied For Not Applicable			
Zip	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED 58	.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit o	<u>'</u>		the state of the s		
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		f	City / State / Zip		
D	PACHECO, RICHARD	15132 CONHOY RD. #926			orlando fl 32819			
			,7d					
							-	
					3	300004275593 -05/22/010102302: ***1200.00 ***1200.		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
RACHECO, OSCAR 4521 S.E. 47TH PL. OCALA FL 34480				Street Address (f Suite, Apt. #, Etc	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  City  City  State  State  State  FL  32819			
Signature of Registered	g appointed the registered agent of the at	ove named corpo	RE	QUIRED	bligations of Sect	ion 607.0505, F.S. Date BORD97	4/20/01	

12. 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.

Yes X No

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

(See other side for information

on intangible tax.)