

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE



Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 9:30

DOCUMENT # P96000003578

1. Corporation Name

GEMINI TILE SERVICE, INC.

Principal Place of Business

Mailing Address

9501 SW 97 AVE
MIAMI FL 33176
US

9501 SW 97 AVE
LANE SOUTH
MIAMI FL 33176
US

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

2. New Principal Office Address, If Applicable

3770 N.W. 52nd

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3770 N.W. 52nd

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

65-0710919

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
P	BLANCO, MIGUEL	9501 SW 97 AVE	MIAMI FL 33176
S	BLANCO, SARAI	9501 SW 97 AVE	MIAMI FL 33176

8. Name and Address of Current Registered Agent

GARDNER, LEONARD L
7101 SW 102ND AVE.
MIAMI FL 33173

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Miguel BLANCO

12/13/02

305-637-6661

3770 N.W. 52 Street
Miami, FL 33142
(305) 637-6665 /Fax 305-637-6594

2002

Gemini Tile Service, Inc.

January 26, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399
Attention: Ms. Kathy Ashton

Re: Gemini Tile Service, Inc., Ref. #P96000003578

Dear Ms. Ashton:

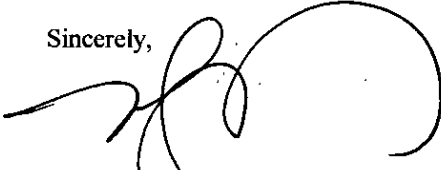
Further to your letter of December 31, 2002, relating to your department's refusal to accept my yearly payment, I would like to respectfully request that your department reconsider my petition for waiver of penalties incurred due to late submission. I would like to state for the record that previous notices pertaining to the Corporate Filing were not received, only the Dissolution of Corporation papers. Note, that with my correspondence dated 12/13/02, I have advised your department of the current mailing and principal address.

I am enclosing two (2) checks, each in the amount of \$150.00 to cover the year in arrears, 2002, and the current year, 2003.

Once again, Ms. Ashton, I would like for you to reconsider, on my behalf, your department's position as it stands with Gemini Tile Service, Inc.

Should you have any questions or feel the need to discuss this further, I invite you to call upon me at anytime at (305) 637-6665.

Sincerely,



Miguel A. Blanco
President

MAB/sab

Enclosure(s): Check #4047 and #4081

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