

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000003732**

1. Corporation Name

CREATIVE REMODELING TILES INC.

Principal Place of Business

**1220 S.W. 16 AVENUE
MIAMI FL 33145**

Mailing Address

**1220 S.W. 16 AVENUE
MIAMI FL 33145**



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

2. New Principal Office Address, If Applicable

**777 S.W. 9 AVE
Suite, Apt. #, etc. Apt. 517
City & State Miami FL
Zip 33130 Country USA**

3. New Mailing Office Address, If Applicable

**777 S.W. 9 AVE
Suite, Apt. #, etc. Apt. 517
City & State Miami FL
Zip 33130 Country USA**

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

650633887

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	SANCHEZ, EDUARDO J	1220 S.W. 16 AVENUE	MIAMI FL 33145

**400002346884-2
-11/13/97--01092--005
***165.00 ***165.00**

11/13

8. Name and Address of Current Registered Agent

**GONZALEZ, NESTOR
7360 CORAL WAY #2T
MIAMI FL 33155
no longer
my agent**

**EDUARDO SANCHEZ
777 S.W. 9 AVE.
Apt. 517
Miami, FL 33130**

9. Name and Address of New Registered Agent

**Name EDUARDO SANCHEZ
Street Address (P.O. Box Number is Not Acceptable)
777 S.W. 9 AVE Apt. 517
Suite, Apt. #, Etc. Apt. 517
City Miami State FL Zip Code 33130**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-6-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-97/5413746

CR2E040 (8/97)

**CREATIVE REMODELING SERVICE
777 S.W. 9TH AVE.
MIAMI, FL 33130**

November 6, 1997

Annual Reports Filing
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 1997 Profit Corporation Annual Report

Dear Sir/Madam:

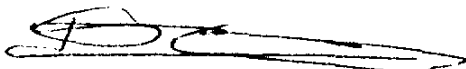
This is to certify that I did not receive from the Florida Dept. of State the 1997 Profit Corporation Annual Report Packet because my address changed from 1220 S.W. 16th Avenue, Miami FL to 777 S.W. 9th Avenue, Apt. 517, Miami, FL 33130.

Enclosed is my check payable to the Florida Dept. of State in the amount of \$165.00.

Please note my change in address. Thank you.

Sincerely yours,

Eduardo Sanchez
President

A handwritten signature in black ink, appearing to read 'Eduardo Sanchez', written over a horizontal line.

Enclosures