

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

98 APR -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000020171**

1. Corporation Name

R.P. TILE, INC.

Principal Place of Business

11542 N.W. 87TH PLACE
HIALEAH GARDENS FL 33016

Mailing Address

11542 N.W. 87TH PLACE
HIALEAH GARDENS FL 33016

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

2. New Principal Office Address, If Applicable

11541 NW 87th Place

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11541 NW 87th Place

Suite, Apt. #, etc.

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1996

5. FEI Number

65-0504112

Applied For

Not Applicable

City & State

Hialeah Gardens

City & State

Hialeah Gardens

Zip

33016

Country

Zip

33016

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)

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
P	PALACIOS, RAUL	11541 N.W. 87TH PLACE	HIALEAH GARDENS FL 33016
ST	PALACIOS, FRANCISCA	11541 N.W. 87TH PLACE	HIALEAH GARDENS FL 33016
			400002485474--3 -04/10/98-01103-024 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

PALACIOS, RAUL
11542 N.W. 87TH PLACE
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Raul Palacios

RAUL PALACIOS

REGISTERED AGENT MUST SIGN

Date

1/23/98

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: Raul Palacios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL PALACIOS

1/23/98

Date

(305) 556-0201

Daytime Phone #

CR2E040 (8/97)