PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMEN DOCUMENT #		DRIDA DEPARTMEI Sandra BMor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State		FILED 98 APR - 9 AM 9:5	0	
1. Corporation Name R.P. TILE, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 11542 N.W. 87TH PLACE HIALEAH GARDENS FL 33016	11542 HIALE	g Address N.W. 87TH PLACE AH GARDENS FL 33016			IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7-98 -	
If above addresses are incorred 2. New Principal Office Address //54/ NW 87 Suite, Apt. #, etc. City & State // County 32016	HApplication 3. No. // // Place // Suite,	w Mailing Office Address, If 541 NW 874 Apt. #, etc.	Applicable A Place. Rederos	4. Date Incorpor To Do Busin 5. FEI Number (5-0)	prated or Qualified less in Florida 03/05/	Applied For Not Applicable ditional Fee required entificate of Status	
	or (Florida nonprofit corpora Str. 3 (Do NOT U	ida nonprofit corporations must list at least 3 directors Street Address of Each Officer and/or Director		City / State / Zip HIALEAH GARDENS FL 33016			
ST PALACIOS, FRAN	ICISCA	11541 N.W. 87T	H PLACE	40	HIALEAH GARDENS FL 3301 1000248547 -84/10/980110 ****908.75 **	<u>'43</u>	
PALACIOS, RAUL 11542 N.W. 87TH PLACE			Suite, Apt. #, Etc.	et Address (P.O. Box Number is Not Acceptable) e, Apt. #, Etc.			
Signature of Registered Agent & Raugh 11. This corporation Intangible Personal Pers	n owes or has paid onal Property tax director or the receiver or trus the reason for dissolution has been paid and the names of	RACED AGENT MUST SIGN d the current year due June 30. Stee empowered to execute to been eliminated, the corpor individuals listed on this for	Yes X this application as prirate name satisfies to mode one qualify for a	No Controvided for in chapthe requirements an exemption und	(See other side for ion Intangible pter 607 or 617, F.S. I further certific of section 607.0401 or 617.0401, Fler section 119.07(3)(i), F.S. The in	tax.) / that when filing .S., that all fees	

SIGNATURE: Y Raul Pulsuras RAUL PALACIOS 1/23/18 (305) 556-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #