

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$1,800.00

FILED

05 FEB 17 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000058740**

1. Corporation Name

ESPINOSA TILE, INC.

2. Principal Office Address

4241 SW 54 Ave

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33314

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FFI Number

65-0783532

Applied For
or Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cecilia Hernandez

Street Address (P.O. Box Number is Not Acceptable)

4241 SW 54 AV

Suite, Apt. #, Etc.

City

Davie, FL

State

FL

Zip Code

33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

1-20-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Jose B Espinosa	4241 SW 54 AV	Davie 33314 Fla.
P	Cecilia Hernandez	4241 SW 54 AV	Davie 33314
ST	Maria Espinosa	5621 SW 39 ST	Davie 33314

10. 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] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-05
Daytime Phone #

CR2E081 (01/04)

FLORIDA DEPARTMENT OF STATE

FEBRUARY 03, 2005

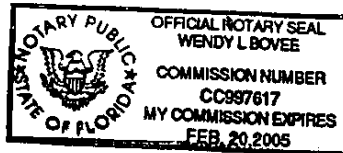
AFFIDAVIT

To Whom It May Concern,

I have no intention of revoking the voluntary disillusion for ESPINOSA TILE INC.,
Document # P02000010324,
I'am releasing the name ESPINOSA TILE INC.

Cecilia Hernandez

Cecilia Hernandez, Pres.



Notary *Wendy L Bovee*

Dated: Feb. 03, 2005

Form of I.D. Used *FLDC*