

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 PM 4:47

DOCUMENT # **P99000001529**

1. Corporation Name

MAJESTIC MARBLE & TILE INC.

Principal Place of Business

Mailing Address

760 DE SOTO BLVD
NAPLES FL 34117

760 DE SOTO BLVD
NAPLES FL 34117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1999

5. FEI Number

59-3549979

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| VTD | GOMEZ, BERTHA D | 760 DE SOTO BLVD | NAPLES FL 34117 |
| PSD | GOMEZ, BRUNO | 760 DE SOTO BLVD | NAPLES FL 34117 |
| | | | |
| | | | |
| | | | |
| | | | |

500031865385
04/06/04--01031--007 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, BRUNO
760 DE SOTO BLVD
NAPLES FL 34117

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

REGISTERED AGENT MUST SIGN

Date

3/31/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bertha Dina Gomez 3/31/04

239-
825-7927

CR2E040 (7/03)



Date 3-31-04

Division of Corporations:

This is to inform you that we had not received prior UBR notices. We have had problems with the children down the street and our mail being taken or lost. Please waive the penalty. We will be getting a PO Box so that this does not happen again.

Thankyou,

Dina Gomez

239-825-7927