FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -5 PM 1:23

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000072723

1. Corporation Name

CARLOS CABRERA TILE & MARBLE, INC.

100155466991
05/05/09--01041--020 **300.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15908 75th Avenue North	15908 75th Avenue North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33418-4712 Country: U.S.A.	Zip: 33418-4712 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1999

5. FEI Number: 65-0941272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARLOS CABRERA

Street Address (P.O. Box Number is Not Acceptable): 15908 75th Avenue North

Suite, Apt. #, Etc.:

City: Palm Beach Gardens | State: FL | Zip Code: 33418

☑ *The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.*

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: Carlos Cabrera Date: 4/30/09

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
P	CARLOS CABRERA	15908 75th Avenue North	Palm Beach Gardens, FL 33418
VP	MERCEDES CABRERA	15908 75th Avenue North	Palm Beach Gardens, FL 33418

05-09 B
REINSTATEMENT
5/11/09

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 contained in Chapter 119, 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: Carlos Cabrera 4/30/09 (561)2487053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #