

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

DOCUMENT # P99000104332

1. Corporation Name

OMEGA TILE AND STONE, INC.

Principal Place of Business

7808 NW 61 TERRACE
PARKLAND FL 33067

Mailing Address

7808 NW 61 TERRACE
PARKLAND FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

65-0979945

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	POPOVICI, ZORAN	7808 NW 61ST TERR.	PARKLAND FL 33067

400008755894
11/01/02--01044--007 **150.00

10/17

8. Name and Address of Current Registered Agent

MANCINI, FRANK J
2128 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/02

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 REQUIRED

10.28.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO: DIVISION OF CORPORATIONS

I AM SENDING THIS NOTE ASKING YOU TO REINSTATE
THE CORPORATION (OMEGA TILE AND STONE, INC)

I DID NOT RECEIVE THE UNIFORM BUSINESS REPORT
FOR 2002. THIS APPLICATION WAS THE ONLY ONE
I RECEIVED IN OCTOBER 2002 AND I AM
RETURNING IT WITH THE FEE OF \$150.00

THANK YOU FOR UNDERSTANDING

SINCERELY,

ZORAN POPOVICI - DIRECTOR

OMEGA TILE AND STONE, INC

P.S. IF YOU NEED TO CONTACT ME, MY TELEPHONE
NUMBER IS 954.234.5587