

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 14 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111968

1. Corporation Name

BRASPEROLA TILE & MARBLE, INC.

7.17
25

2. Principal Office Address - No P.O. Box #

1970 NW 55th AVENUE

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

1970 NW 55th AVENUE

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

USA

REINSTATEMENT 06-08

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

12/23/1999

5. FEI Number

65-0966298

☐ Applied For

☐ Not 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

SMART TAX

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

513 E SAMPLE ROAD

Suite, Apt. #, Etc.

City

POMPAÑO BEACH

State

FL

Zip Code

33064

☒ 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

Luanda da Silva - President

Date 07/07/2008

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
PD	EDSON V. ANDRADE	1970 NW 55th AVENUE	MARGATE, FL 33063

800132893118
07/14/08--01059--009 **450.00

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:

Luanda da Silva

PRESIDENT

07/07/2008

(954) 984-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #