PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLICATION A		RTMENT OF STATE	<b>=</b>	
FOR WO	(I	3. Mortham ry of State		
REINSTATEMENT	DIVISION OF	CORPORATIONS	FILED	
DOCUMENT # 197100013811		-	99 JAN 15 PM 1: 03	
moldavia Marble & Tile I		e Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				-
15145. Dixiethwy 3050 Hay		layes St		
Holly wood, FL33000 Holly wood FL 3050 Holly wood FL				
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		Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida	
City & State	City & State		5. FEI Number Applied For	$\neg$
Zip Country	Zip	Country	Not Applicate State of Control of	ilred
7. Names and Street Addresses of Each Officer and/	or Director (Florida poporofi	t comorations must list at lea	CERTIFICATE OF STATUS DESIRED for a Certificate of Statu	JS
Title(s)  Name of Officers and/or Directors	or birector (Florida Horsproin	Street Address of Each Officer and/or Director	n	
1 2	3 (Do	NOT Use Post Office Box N	Numbers) 4	
PresiDanie-1 Baix	(Canil 3050)	Hayes-St.	Hellywood FC 330	<b>}</b> /
			5000027481154	1
			<del></del>	$\dashv$
			****150.00 ****150.00	
			96 192 Jac	3
		R	REINSTATEMENT TO THE	
			5000027481154 -01/20/9901063037	
8. Name and Address of Current Registered Agent Name		Name	9. Name and Address 新海滩市区际域的 Ag进港米 [5]]。	
Carry Weighbor	rs	Street Address (P	P.O. Box Number is Not Acceptable)	-
Carry Neighbors 954-433-0600		Suite, Apt. #, Etc.	w Broward Blvd #35/	
		Planta	State Zip Code FL 3.32.24	
10. I, being appointed the registered agent of the above	e named corporation, am far	miliar with and accept the ob		
Signature of Registered Agent REGISTERED AGENT MUST SIGN				_]
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U				
12. 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 eignature shall have the same legal effect as if made under oath.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date				