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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 10 AM 10:43


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/24/03--01004--015 **150.00

REINSTATEMENT 03

MRS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000102624

1. Corporation Name
Ruiz Linares Tile, Corp.

2. Principal Office Address
825 East 5 street
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State

Zip 33010 Country USA Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/23/02

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Oreste Ruiz

Street Address (P.O. Box Number is Not Acceptable) 825 East 5th Street

Suite, Apt. #, Etc.

City Hialeah State FL Zip Code 33010

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 *[Signature]* Date 12-08-03

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
DP	Oreste Ruiz	825 E 5th. Hialeah	Hialeah, FL 33010
DV	Osmany Ruiz	825 East 5 street	Hialeah, FL 33010
DS	Teresita Linares	825 East 5 street	Hialeah, FL 33010

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 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]* Date 12-08-03 786-587-2389

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

CR2E081 (9/01)

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Oreste Ruiz
RUIZ LINARES TILE, CORP.
825 East 5th Street
Hialeah, Florida 33010

December 08, 2003

Florida Department of State
Division of Corporations

Re: **RUIZ LINARES TILE, CORP.**
Document # P02000102624.

Dear Sr.,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. Furthermore, enclosed please find check number 173 in the amount of \$150.00 for my annual fee. I did not receive the Uniform 2003 form by mail.

Thank you in advance for your attention in this matter.

Sincerely,



Oreste Ruiz
President/Director