


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 14 PM 2:36

<b>DOCUMENT # P02000102624</b> 1. Entity Name RUIZ LINARES TILE, CORP.	
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Principal Place of Business 3015 SW 103RD PL MIAMI, FL 33165	Mailing Address 3015 SW 103RD PL MIAMI, FL 33165
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2. Principal Place of Business 3237 N.W. 7 ST Suite, Apt. #, etc. STE # 101	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State MIAMI FL Zip 33125	City & State City Zip Country
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REINSTATEMENT 05-06



08042006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent RUIZ, ORESTE 825 E 5 ST HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name RICARDO TORRES Street Address (P.O. Box Number is Not Acceptable) 3237 N.W. 7 ST. # 101 City MIAMI FL Zip Code 33125
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ricardo Torres* RICARDO TORRES 8/4/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUIZ, ORESTE 825 E 5 ST HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. RICARDO TORRES 3237 N.W. 7 ST # 101 MIAMI FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUIZ, OSMANY 825 E 5 ST HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800078881858 08/18/06--01033--020 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINARES, TERESITA 825 E 5 ST HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ricardo Torres* RICARDO TORRES 8/4/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #