

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN 19 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06142007 REIN-P CR2E098 (1/07)

DOCUMENT # P04000003255 1. Entity Name CUSTOM TILE WORKS OF NWF, INC.	
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Principal Place of Business 342 NW OAKLAND CIRCLE FT. WALTON BEACH, FL 32548	Mailing Address 342 NW OAKLAND CIRCLE FT. WALTON BEACH, FL 32548
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2. Principal Place of Business - No P.O. Box # <i>105 Wright Pkwy, S.W. Suite, Apt. etc. apt 29</i>	3. Mailing Address <i>105 Wright Pkwy, S.W. Suite, Apt. etc. apt 29</i>
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City & State <i>Fort Walton Beach Fla.</i>	City & State <i>Fort Walton Beach Fla.</i>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip <i>32548</i>	Country <i>Okaloosa</i>	Zip <i>32548</i>	Country <i>Okaloosa</i>

6. Name and Address of Current Registered Agent MASSA, ANTHONY J 342 NW OAKLAND CIRCLE FT. WALTON BEACH, FL 32548 <i>105 Wright Pkwy S.W. apt 29 Fort Walton Bch. Fla. 32548</i>	7. Name and Address of New Registered Agent Name <i>MASSA ANTHONY J.</i> Street Address (P.O. Box Number is Not Acceptable) <i>105 Wright Pkwy, S.W. apt 29</i> City <i>Fort Walton Beach</i> FL Zip Code <i>32548</i>
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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: *Anthony J. Massa President* *Anthony J. Massa* *6-15-07*
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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>Pres.</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MASSA, ANTHONY J 342 NW OAKLAND CIRCLE <i>105 Wright Pkwy S.W. apt 29</i> FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400104886214 06/26/07--01047--001 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: *Anthony J. Massa Pres.* *ANTHONY J. MASSA* *6-15-07* *850-974-8369*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #