2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# P05000019545

Entity Name: CAMPOS TILE & SERVICES, CO

Current Principal Place of Business:

6853 FALLBROOK PLACE
APT. F106
ORLANDO, FL 32821

New Principal Place of Business:

3240 SW 34TH ST
APT. 901
OCALA, FL 34474 US

Current Mailing Address:

6853 FALLBROOK PLACE
APT. F106
ORLANDO, FL 32821

New Mailing Address:

3240 SW 34TH ST
APT. 901
OCALA, FL 34474 US

FEI Number: 20-2297410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPOS, ALDA M
2927 S. SEMORAN BLVD APT #278
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

CAMPOS, ALDA M
3240 SW 34TH ST
APT. 901
OCALA, FL 34474 US

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.

SIGNATURE: ALDA M. CAMPOS 03/12/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPOS, ALDA M
Address: 2927 S. SEMORAN BLVD APT #278
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete
Name: SILVA, VIVALDO P
Address: 2927 S. SEMORAN BLVD APT #278
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAMPOS, ALDA M
Address: 3240 SW 34TH ST APT. 901
City-St-Zip: OCALA, FL 34474 US

Title: VP (X) Change ( ) Addition
Name: SILVA, VIVALDO P
Address: 3240 SW 34TH ST APT. 901
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDA M. CAMPOS P 03/12/2007
Electronic Signature of Signing Officer or Director Date