

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000000958

Entity Name: W.R.S. TILE, CORP.

FILED
Oct 01, 2008
Secretary of State

Current Principal Place of Business:

200 NE 20TH APT 201A
BOCA RATON, FL 33431

New Principal Place of Business:

2353 LINWOOD DRIVE
SARASOTA, FL 34232

Current Mailing Address:

200 NE 20TH APT 201A
BOCA RATON, FL 33431

New Mailing Address:

2353 LINWOOD DRIVE
SARASOTA, FL 34232

FEI Number: 20-4041898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUAS, FABIA
200 NE 20TH APT 201A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

RUAS, FABIA
2353 LINWOOD DRIVE
SARASOTA, FL 34232 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: FABIA RUAS

10/01/2008

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: DP () Delete
Name: DASILVA, WASHINGTON C
Address: 200 NE 20TH APT 201A
City-St-Zip: BOCA RATON, FL 33431

Title: DV () Delete
Name: RUAS, FABIA M
Address: 200 NE 20TH APT 201A
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DASILVA, WASHINGTON C
Address: 2353 LINWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: DV (X) Change () Addition
Name: RUAS, FABIA M
Address: 2353 LINWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify 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: WASHINGTON C. DASILVA

DP

10/01/2008

Electronic Signature of Signing Officer or Director

Date