

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000014667

FILED
Nov 08, 2008
Secretary of State

Entity Name: PERSON TILE & MARBLE, CO.

Current Principal Place of Business:

12602 ST. AUGUSTINE RD
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

9625 AMARANTE WAY
JACKSONVILLE, FL 32257 US

Current Mailing Address:

12602 ST. AUGUSTINE RD
JACKSONVILLE, FL 32258 US

New Mailing Address:

9625 AMARANTE WAY
JACKSONVILLE, FL 32257 US

FEI Number: 20-8454745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
9677 OLD ST AUGUSTINE RD
2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

TAX DIRECT
1650 SAND LAKE RD
110
ORLANDO, FL 32809 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: JOSE JARDIM JUNIOR

11/08/2008

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: P () Delete
Name: SENNE, ILTON C
Address: 12606 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S () Delete
Name: LOPES, PAULO
Address: 12602 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SENNE, ILTON C
Address: 9625 AMARANTE WAY 7
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ILTON SENNE

P

11/08/2008

Electronic Signature of Signing Officer or Director

Date