

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000043568

Entity Name: AARON MIXON TILE INC

FILED  
Jun 24, 2008  
Secretary of State

## Current Principal Place of Business:

6412 ODOM RD  
LAKELAND, FL 33809 US

## New Principal Place of Business:

114 OAK RUN DRIVE  
LAKELAND, FL 33809 US

## Current Mailing Address:

6412 ODOM RD  
LAKELAND, FL 33809 US

## New Mailing Address:

114 OAK RUN DRIVE  
LAKELAND, FL 33809 US

FEI Number: 20-4577848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MIXON, AARON  
6412 ODOM RD  
LAKELAND, FL 33809 US

## Name and Address of New Registered Agent:

MIXON, AARON  
114 OAK RUN DRIVE  
LAKELAND, FL 33809 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: AARON MIXON

06/24/2008

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: VP ( ) Delete  
Name: MIXON, AARON  
Address: 6412 ODOM RD  
City-St-Zip: LAKELAND, FL 33809 US

Title: P (X) Delete  
Name: MIXON, CINDY  
Address: 6412 ODOM RD  
City-St-Zip: LAKELAND, FL 33809 US

Title: S (X) Delete  
Name: LAYNE, CORY  
Address: 1300 POLK CITY RD  
City-St-Zip: HAINES CITY, FL 33844 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MIXON, AARON  
Address: 114 OAK RUN DRIVE  
City-St-Zip: LAKELAND, FL 33809 US

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

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: AARON MIXON

VP

06/24/2008

Electronic Signature of Signing Officer or Director

Date