

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000054187 1. Entity Name US.MONALISA TILES INC.						FILED 07 OCT -4 PM 12: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 230 MICHAEL AVENUE SUITE 100 KISSIMEE FL 33122				Mailing Address 250 MICHAEL AVENUE SUITE 100 KISSIMEE FL 33122																											
2. Principal Place of Business - No P.O. Box # 3131 NW 79th Ave. #4		3. Mailing Address 3131 NW 79th Ave. #4		 REINSTATEMENT 10012007 REIN-2 PR25098 (1/07) 07																											
Suite, Apt. #, etc. #4		Suite, Apt. #, etc. #4																													
City & State DORAL, FL.		City & State DORAL, FL.																													
Zip 33122		Country USA		4. FEI Number 65-1272118		<input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent DURAN, MERIZA 15119 SW 138TH PLACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																											
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 <u>Meriza Duran de Sera</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						10-01-07 <small>DATE</small>																									
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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: <u>Meriza Duran de Sera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						10-01-07 305-470-0193 <small>Date Daytime Phone #</small>																									