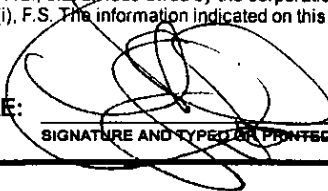


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  03 JUL 28 AM 8:55  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P93000071208 1. Corporation Name  Cement Tile, Inc.					
2. Principal Office Address 6750 N.W. 81st Terrace Suite, Apt. #, etc.		3. Mailing Office Address 6750 N.W. 81st Terrace Suite, Apt. #, etc.		<b>REINSTATEMENT</b> 98-03 <b>300021862673</b> 07/28/03--01068--018 **1508.75	
City & State Parkland, FL		City & State Parkland, FL			
Zip 33067	Country Broward	Zip 33067	Country Broward		
				4. Date Incorporated or Qualified To Do Business in Florida 09/30/93	
				5. FEI Number- 65-0444680 Applied For: <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name Zena Kinzbrunner					
Street Address (P.O. Box Number is Not Acceptable) 4801 S. University Drive					
Suite, Apt. #, Etc.					
City Davie				State FL	Zip Code 33328
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent <u>Zena Kinzbrunner</u> Date <u>7/24/03</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip		
PD	Barry Laramée	6750 N.W. 81st Terrace	Parkland, FL 33067		
VSTD	William K. Beagan	3625 S. Lake Drive	Boynton Bch, FL 33435		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		7/24/03 561-441-3690			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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