PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -9 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035569

REINSTATEMENT 03

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12/01/03--01013--020 **150.00

1. Corporation Name
IMPERIAL TILES, INC

2. Principal Office Address	3. Mailing Office Address
890 SW 70 AVE	890 SW 70 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33144 Country: MIAMI-DADE	Zip: 33144 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 04/06/2001

5. FEI Number: 65-1095421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required if you desire Certificate of Status

7. Name and Address of Current Registered Agent

Name: ARUCA ILEANA

Street Address (P.O. Box Number is Not Acceptable): 890 SW 70 AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33144

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 members)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARUCA ILEANA	890 SW 70 AVE	MIAMI, FL 33144

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: _____ Date (305)261-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #