

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 UBR

DOCUMENT # P01000050160

1. Corporation Name

Triptile Distributors, Inc.
6955 Hanging Moss Rd. Suite 103
Orlando, FL 32807

2. Principal Office Address

6955 Hanging Moss Rd.
Suite, Apt. #, etc.

Suite 103

City & State

Orlando Florida

Zip

32807

Country

USA

3. Mailing Office Address

6955 Hanging Moss Rd.
Suite, Apt. #, etc.

Suite 103

City & State

Orlando Florida

Zip

32807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

000009476060
12/12/02--01013--005 **150.00

5. FEI Number

59-3719847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael K Baker

Street Address (P.O. Box Number is Not Acceptable)

8064 CLOVERLEAF CIRCLE

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818-8212

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

Michael K Baker

REGISTERED AGENT MUST SIGN

Date 12/02/02

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 Officer and/or Director	City / State / Zip
PD	MANUEL M. MATOS	6955 Hanging Moss Rd Ste 103	Orlando, FL 32807
VD	ARNALDO J QUEZADA	6955 Hanging Moss Rd Suite 103	Orlando, FL 32807
VD	MANUEL M COSS	6955 Hanging Moss Road Suite 103	Orlando, FL 32807
SD	KARINA M COSS	6955 Hanging Moss Road Suite 103	Orlando, FL 32807
TD	HAROLYN S. COSS	6955 Hanging Moss Road Suite 103	Orlando, FL 32807

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:

Jonas Quezada

JONAS QUEZADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02

Date

1107-673-6554

Daytime Phone #

CR2E081 (9/01)

December 20, 2002

Tiles4u Holding, Inc.
6955 Hanging Moss Road
Suite 103
Orlando, FL 32807

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Justin M. Shivers
REF: P01000050160

Mr. Shivers:

It is my understanding as the new bookkeeper for Tiles4u Holding, Inc. that they have several corporations. Due to an error in their mailing address they did not receive any of the Uniform Business Reports this year.

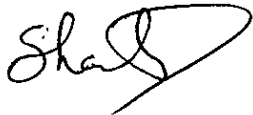
I have been corresponding with the Division of Corporations to get all the corporations back online and the correct information provided.

This is the last corporation to need activation.

The last letter from your office indicated that Divisions of Corporations had sent all the renewals to an incorrect address and that the US Postal service had returned all as undeliverable.

Your attention to this form is important, I have all the correct information on the form and as your letter has stated you have our renewal fee for 2002.

Respectfully,



Shorty Baker
Bookkeeper, Tiles4u Holding, Inc.