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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> <i>900713</i>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**  
02 DEC -9 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000107616**

1. Corporation Name  
**GUZMAN'S TILE INSTALLATION, CORP**

2. Principal Office Address <b>1944 TAFT ST</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc. <b>#12</b>		Suite, Apt. #, etc. <b>"</b>	
City & State <b>Hollywood, FL</b>		City & State <b>"</b>	
Zip <b>33020</b>	Country <b>U.S.A</b>	Zip <b>"</b>	Country <b>"</b>

**300009507553**  
12/13/02--01062--004 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida <b>11/8/2001</b>	Applied For <input type="checkbox"/>
5. FEI Number <b>03-0481266</b>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name <b>JOSE NELSON GUZMAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1944 TAFT ST</b>	
Suite, Apt. #, Etc. <b>#12</b>	
City <b>HOLLYWOOD</b>	State <b>FL</b>
	Zip Code <b>33020</b>

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 <i>[Signature]</i>	Date <b>11/27/02</b>
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 Officer and/or Director	City / State / Zip
<b>PD</b>	<b>JOSE NELSON GUZMAN</b>	<b>1944 TAFT ST. #12.</b>	<b>HOLLYWOOD, FL 33020</b>

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>11/27/02</b> Daytime Phone #: <b>786-486-6463</b>

CR2001 (9/01)

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Florida Department of State  
Division of Corporations

Re: GUZMAN'S TILE INSTALLATION, CORP.  
Doc# P01000107616

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail.

Thanking you in advance for your time and consideration.

Sincerely,



Jose Nelson Guzman  
President/ Director