

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED

02 DEC -9 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |
|---|--|--|
| CORPORATION<br>REINSTATEMENT                            |  | FLORIDA DEPARTMENT OF STATE<br>Jim Smith<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| DOCUMENT # P01000107616                                 |  |  |
| 1. Corporation Name<br>GUZMAN'S TILE INSTALLATION, CORP |  |  |

|   |   |   |
|---|---|---|
| 2. Principal Office Address<br>1944 TAFT ST<br>Suite, Apt. #, etc.<br>#12 | 3. Mailing Office Address<br>Same<br>Suite, Apt. #, etc.<br>" | 4. Date Incorporated or Qualified<br>To Do Business in Florida<br>11/8/2001 |
| City & State<br>HOLLYWOOD, FL   | City & State<br>"   | 5. FEI Number<br>03-0481266<br>Applied For<br>Not Applicable                |
| Zip 33020   | Country U.S.A   | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                   |

7. Name and Address of Current Registered Agent

|  |          |                |
|--|----------|----------------|
| Name JOSE NELSON GUZMAN  |          |                |
| Street Address (P.O. Box Number is Not Acceptable)<br>1944 TAFT ST |          |                |
| Suite, Apt. #, Etc.<br>#12   |          |                |
| City HOLLYWOOD   | State FL | Zip Code 33020 |

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 *John W.*

Date 11/27/02

REGISTERED AGENT MUST SIGN

CR2001 (9/01)

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PO     | JOSE NELSON GUZMAN                   | 1944 TAFT ST. #2.                                 | HOLLYWOOD, FL 33020 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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: *John W.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02 786-486-6463  
Date Daytime Phone #

*Payeras*

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 N. Guzman*

Jose Nelson Guzman  
President/ Director