

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000050826

**FILED**  
**Sep 25, 2007**  
**Secretary of State**

**Entity Name:** EUROPEAN CLASSIC TILE & MARBLE DESIGN, INC.

**Current Principal Place of Business:**

814 NE 4 STR  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

814 NE 4 STR  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 01-0728489      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIMIS, VICTORIA  
814 NE 4 STR  
HALLANDALE, FL 33009      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTORIA TIMIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TIMIS, VICTORIA  
Address: 814 NE 4 STR  
City-St-Zip: HALLANDALE, FL 33009

Title: STD ( ) Delete  
Name: CRETU, GEORGE  
Address: 814 NE 4 STR  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: BOGDAN, LOVRIN I  
Address: 814 NE 4 STR  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: BRATU, NICOLAE  
Address: 814 NE 4 STR  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA TIMIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSTD

09/25/2007

\_\_\_\_\_  
Date