


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000078322	
1. Entity Name COAST TILE CORPORATION	

Principal Place of Business 9506 S RED RD MIAMI, FL 33156	Mailing Address 9506 S RED RD MIAMI, FL 33156
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2. Principal Place of Business <i>Miami, Florida</i>	3. Mailing Address <i>9506 So. Red Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami, FL</i>	City & State <i>Miami, Florida</i>
Zip <i>33156</i>	Country <i>USA</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, Florida</i>
Zip <i>33156</i>	Country <i>USA</i>

FILED
05 DEC 22 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent OESTERLE, DOUGLAS 9506 S RED RD MIAMI, FL 33156	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SIMPSON, GEORGE T 9506 S RED RD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George T. Simpson* *D/S* 12/9/05 305 6684117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE T. SIMPSON