2004 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P02000094447 R & P TILE CONTRACTOR CORP. 04 DEC 27 PH 3: 42 Principal Place of Business Mailing Address 1720 SW 84TH AVE 1720 SW 84TH AVE MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11302004 CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 02-0641297 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRIETO, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1720 SW 84TH AVE MIAMI, FL 33155 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOWIII FEE IS \$150.00 In accordance with \$1607:193(2)(b), F:S:; the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Addition PRIETO, RAFAEL NAME NAME STREET ADDRESS 1720 SW 84TH AVE STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP MIAMI, FL 33155 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITE F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Addition NAME NAME **000043654580** 12/27/04--01091--023 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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