
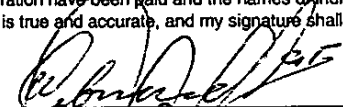


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2005 AR			
DOCUMENT # P03000066594			
1. Corporation Name William & H Tiles, Inc.			
2. Principal Office Address 3690 SW 95 Ave Suite, Apt. #, etc.		3. Mailing Office Address 3690 SW 95 Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33165	Country USA	Zip 33165	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 6/16/03	
		5. FEI Number 65-1193369	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name William Cebreiro			
Street Address (P.O. Box Number is Not Acceptable) 3690 SW 95 Ave			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33165
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		Date	
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
P	William Cebreiro	3690 SW 95 Ave	Miami FL 33165
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: 		Date 5/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

05 MAY 10 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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