

# 2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED  
08 NOV -5 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

DOCUMENT # P03000119828			
1. Entity Name CERAMIC TILE & MARBLE INSTALLATIONS, INC.			
Principal Place of Business 2073 64TH AVE. S. ST. PETERSBURG, FL 33712		Mailing Address 2073 64TH AVE. S. ST. PETERSBURG, FL 33712	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent D'AMICO, JEAN 2073 64TH AVE. S. ST. PETERSBURG, FL 33712				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				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: *Jean D'Amico* Jean D'Amico DATE: 10/30/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, DENNIS 2073 64TH AVE. S. ST. PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None to delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900137483809 10/30/08--01033--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, JEAN 2073 64TH AVE. S. ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Jean D'Amico 2073 64 Ave S St Pete Fl 33712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'AMICO, James 2073 64 Ave S St Petersburg FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vic-Pres. James D'Amico 2073 64 Ave S St. Pete - Fl 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: *Jean D'Amico* DATE: 10/24/08 DAYTIME PHONE #

11/10