2007 FOR PROFIT CORPORATION REINSTATEMENT

	KEINSTA	-							
1. Entity Nan	DOCUMENT # P03000124806 - 1. Entity Name TILE WORKS & DIRTY DEEDS INC.				FILED 2007 DEC 20 PM 2: 27				
Principal Place of Business Mailing Address						ALLAHASSE	OF STA	JE	
	6807 CABELLO DRIVE 6807 CABELLO DRIVE					J-ULANASF	F. FLÖI	ADIS	
JACKSONVIL	VILLE, FL 32226 US JACKSONVILLE, FL 32226 US				1	ALLANASSE			
						H Barba (1111 Ba hk Ba hk Ba	AL HAIR MAN S		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
6807 CABELLO DR. 6807 CABELLO DR					11000000				
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.						L CRSE	098 (1/07)	1/X/ <u>X</u> /
City & State City & State					4 55441 1			1 1	<u> </u>
City & State					4. FEI Numb			<u> </u>	pplied For at Applicable
								\$8.75 Add	
Zip 32226 DVVAL 32226 Duval					5. Certificate	e of Status Desired		Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New F	Registered	Agent	
BOZEMAN, JAMES A ADPRESS CHANGE									
						per is Not Acceptable	9)	715.51	******
#557 6807 CABURLO DE Street Address (P.O. Box Number is Not Acceptable)									
CODJOE	KEY, FL 33042 JAYA,	F 32226							
,				City			FL	Zip Cod	е
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. Lam familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Sufficience, typed or critical marine professionare agent and title if applicable. (NOTE: Racitable and Application propriets agent and title if applicable.)									
Signature, typed or printed name of espistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE.									
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the									
	nuary 1, 2008, Fee will be \$300.00	•				corporation did			
10.	OFFICERS AND D	NDECTORS	11.		ADDITIONO	CHANGES TO OFF	10550 111	SIDEOTO	
TITLE	PTD	Delete	TITLE			/CHANGES TO OFF			Addition
NAME	BOZEMAN, DONNA M				$-\frac{f_{1}^{4}}{42}\int_{0}^{\infty}$	001132 70701009	255 	**158.	_
STREET ADDRESS	6807 CABELLO DRIVE	ET ADDRESS	12.7 20), 0101003.	005	**IDU.	UU		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY	- ST- ZIP					_
TITLE	SVD	☐ Delete	FITLE					☐ Change	Addition
NAME STREET ADDRESS	BOZEMAN, JAMES A 6807 CABELLO DRIVE		NAMI	ET AOORESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32226			-ST-ZIP					
TITLE				- -		TT Change	Addition		
NAME			NAMI					_ ,	
STREET ADDRESS			4	ET ADDRESS					
CITY - ST- ZIP			1 -	-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 			
I TITLE NAME		☐ Delete	NAME	ļ.				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	·ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS					
TITLE		<u> </u>	1	S1- ZIP				·	
NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
12. I hereby	certify that the information supplied with t	his filing does not qualify for	the exe	mptions contained	f in Chapter 119	9, Florida Statutes. I	further cer	tify that the in	formation
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: DONNA M. BOZIMM 12/5/07/904/337-5076									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

BE Maches DEC 2 0 2007