


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126979		
1. Entity Name ARTURO RAMOS TILE, INC.		

Principal Place of Business 1080 S HOAGLAND BLVD L184 KISSIMMEE, FL 34741	Mailing Address 1080 S HOAGLAND BLVD L184 KISSIMMEE, FL 34741
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

03112005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0388577	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMOS, LUIS A 1080 S HOAGLAND BLVD L184 KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMOS, LUIS A 1080 S HOAGLAND BLVD L184 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600048992456 03/23/05--01034--024 **300.00
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
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 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:  03/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 MAR 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATEMENT 04-05

MAR. 18. 2005 1:17PM

BELAIR_ACCOUNTING_SERVICES_INC.

NO. 767 P. 1

Belair Services Inc.

1631 E. Vine Street, Suite H

Kissimmee, FL 34744

(407) 944-9262

March 14, 2005

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: P03000126979
ARTURO RAMOS TILE, INC.
EIN: 20-0388577


Sirs:

The reason of this letter is to state that we did not received the rejected letter send it by May 26, 2004 for the above corporation.

We are enclosing a check in the amount of \$300.00 to cover the year 2005 and year 2004 that were behind in the corporation.

Should you have any question concerning the above, do not hesitate to contact us.

Sincerely yours,


Arturo Ramos Tile, Inc.
1080 S. Hoagland Blvd, L184
Kissimmee, FL 34741