P3 1 0 2

2005 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P03000129442

1. Entity Name
DANNY TILES INC.

FILED
Aug 24, 2005 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
599 NORTH APACHE CIRCLE DELTONA, FL 32725	599 NORTH APACHE CIRCLE DELTONA, FL 32725

Danny Tiler Inc.

2. Principal Place of Business
Same as above

3. Mailing Address
599 N. Apache-Circle

Suite, Apt. #, etc.	Suite, Apt. #, etc.

08092005   REIN-P   CR2E098 (6/04)

City & State: Deltona, Florida
City & State: Deltona, Florida

4. FEI Number
61-1468758

Applied For ☑
Not Applicable

Zip 32725	Country USA	Zip 32725	Country USA

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent

AVILES, DANIEL E
599 NORTH APACHE CIRCLE
DELTONA, FL 32725

Name

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 8/17/05

0000058942170
08/24/05--01054--003   **300.00

FILE NOW!!! FEE IS $900.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AVILES, DANIEL E		NAME	0000058942170	
STREET ADDRESS	599 NORTH APACHE CIRCLE		STREET ADDRESS		100
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NORMA I. Aviles		NAME	0000058942170	
STREET ADDRESS	599 N. Apache Cir		STREET ADDRESS		100
CITY-ST-ZIP	Deltona, Fl 32725		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: _____   8/17/05   (38) 804-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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From :Danny Tiles Inc.

To:Divisions of Corporations

I Daniel Aviles{Danny Tiles Inc.} was not inform nor receive any indication of payment that Danny Tiles Inc. had to make. I could not believe the amount owe by the company. I never receive a letter or a statement by the mail stating to pay such amount I would like to take this moment to first, apologize about this incident that I was not aware of and secondly, ask you to please give Danny Tiles Inc. another chance and to waive the amount owe of $900.00 dollars by the Divisions of Corporations. *(2 004 - 2 005)*

Enclose is a check of $300.00 dollars and a reinstatement application Ref # P03000129442.

Again, please accept my apologizes in this matter and looking forward to hear from you again.

Sincerely Yours,
President of Danny Tiles Inc.
Daniel Aviles

8/11/05