

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000131040

FILED
Mar 29, 2006
Secretary of State

Entity Name: MASTERPIECE TILE, MARBLE AND CARPET, INC.

Current Principal Place of Business:

8069 DELAROCHE DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

4385 FOREST BLVD
JACKSONVILLE, FL 32246

Current Mailing Address:

P.O. BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

4385 FOREST BLVD
JACKSONVILLE, FL 32246

FEI Number: 35-2218442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, ELPIDIO
8069 DELAROCHE DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

FUENTES, ELPIDIO
4385 FOREST BLVD
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: ELPIDIO FUENTES

03/29/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: FUENTES, ELPIDIO
Address: 8069 DELAROCHE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD (X) Delete
Name: FUENTES, ELPIDIO
Address: 8069 DELAROCHE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: FUENTES, ELPIDIO
Address: 4385 FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELPIDIO FUENTES

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03/29/2006

Electronic Signature of Signing Officer or Director

Date