

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141190



FILED

2006 NOV 29 AM 6:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
SANTA ROSA TILE, INC.

Principal Place of Business
**6250 ROSECLIFF DR
TAMPA, FL 33625**

Mailing Address
**6250 ROSECLIFF DR
TAMPA, FL 33625**

2. Principal Place of Business
7942 B LANDMARK CIRCLE

3. Mailing Address
7942 B LANDMARK CIRCLE



03172006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
20-0435783

Applied For
 Not Applicable

Zip
33614

Country
USA

Zip
33614

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

**SANTA ROSA, PETRE A
6250 ROSECLIFF DR
TAMPA, FL 33625**

Name

Street Address (P.O. Box Number is Not Acceptable)

7942 B LANDMARK CIRCLE

City **TAMPA**

FL

Zip Code
33614

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 Petre L. Santa Rosa

11/26/06

Signature, typed or printed name of registered agent and title if applicable.

(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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **SANTA ROSA, PETRE A**
STREET ADDRESS **6250 ROSECLIFF DR**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE Change Addition
NAME
STREET ADDRESS **7942 B LANDMARK CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS **600082132376**
CITY-ST-ZIP **11/29/06--01011--002 **300.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **REINSTATEMENT**
STREET ADDRESS
CITY-ST-ZIP **05-06**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Petre L. Santa Rosa

11/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #