2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P03000145141** JC MASTER TILE CORPORATION 04 DEC 17 PM 3: 35 Principal Place of Business Mailing Address 14101 THAMHALL WAY 14101 THAMHALL WAY ORLANDO, FL 32828 ORLANDO, FL 32828 NEU 3. Mailing Address 10939 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 11182004 CR2E098 (6/04) Applied For 4. FEI Number City & State Country S.A Zip \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRETO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 14101 THAMHALL WAY ORLANDO, FL 32828 City Zip Code FL 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 regist SIGNATURI FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Delete TITLE TITLE BARRETO, JOSE M NAME NAME 300043492443 12/17/04--01052--005 ***150.00 14101 THAMHALL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32828 Delete ☐ Change Addition TITLE TITLE NAME BARRETO, CARMEN STREET ADORESS STREET ADDRESS 14101 THAMHALL WAY CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Deleta TITLE 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 occurate 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

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