2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000146272 ZACARKIN TILE SETTING, INC. 05 JUN 10 PH 4: 32 REMSTATEMENT 04-05 Principal Place of Business Mailing Address 7712 LANDMARK WAY 7712 LANDMARK WAY TAMPA, FL 33615 TAMPA, FL 33615 2. Principal Place of Business 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 06072005 REIN-P CR2E098 (6/04) City & State City & State Applied For 4. FEI Number ZD-0496491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZACARKIN, FERNANDO M Street Address (P.O. Box Number is Not Acceptable) 7712 LANDMARK WAY TAMPA, FL 33615 City Zip Code 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, HHE ☐ Delete TITLE Change ■ Addition ZACARKIN, FERNANDO M NAME NAME 300056152393 06/14/05--01049--006 ***30 STREET ADDRESS 7712 LANDMARK WAY #A STREET ADDRESS **300.00 CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-7IP TITLE ☐ Delete TOTE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZP-TITLE Defete TIPLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME. SIRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 in 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 truster—impowered 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 engagement. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytme Phone #