


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 22 AM 8:11

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| DOCUMENT # P03000147759 | |  | |
| 1. Entity Name TJ CERAMIC TILE, INC. | | | |
| Principal Place of Business 3105 SE 39TH AVENUE OCALA, FL 34471 | | Mailing Address 3105 SE 39TH AVENUE OCALA, FL 34471 | |
| 2. Principal Place of Business 3105 SE 39TH AVE Suite, Apt. #, etc. OCALA City & State FL Zip 34471 Country MARION | | 3. Mailing Address SAME Suite, Apt. #, etc. City & State City Zip Country | |
| 10262004 | | REIN-P CR2E098(6/04) | |
| 4. FEI Number 200452001 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBIN, THOMAS 3105 SE 39TH AVENUE OCALA, FL 34471 | | 7. Name and Address of New Registered Agent Name GARY W PYLES Street Address (P.O. Box Number is Not Acceptable) 3105 SE 39TH AVE OCALA FL 34471 City FL Zip Code 34471 | |
| 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 <i>Thomas Jacobin</i> DATE 11/1/04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP | PTS JACOBIN, THOMAS 3105 SE 39TH AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700042635167 11/10/04--01044--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PYLES, GARY WAYNE 3105 SE 39TH AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>GARY PYLES</i> GARY PYLES DEC 23 /04 M/A <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

12/28/04