2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTA					
DOCUMENT # P03000148335					
. Entity Name G.P.S. TILE, INC.			05 AUG 10 110: 46		
G.F.S. FILE, INC.			y New York		
Principal Place of Business	Malling Address	OG WILL	- ADOOS845M3	34	
24479 US HWY 19 N LOT 109	Ţ.		#000584503 08/10/0501043001	**300.00	
CLEARWATER, FL 33763					
Principal Place of Business 19 N 3. Mailing Address 21727 US #HWY 19 N 21727 US #HWY 19 N					
Suite, Apt. #, etc. # 1 4 2 B	Suite, Apt. #, etc. # (42 B		TOVESTONE OF REIN-PE CREEOSE (6/04) 1 1	
CIEARWATER, FL	City & Slate LLEARWATER, FL		4. FEI Number 20-0470336	Applied For Not Applicable	
Zip 33765 Country	^{Zip} 33765	Country U 5		75 Additional Required	
6." Name and Address of Current	6." Name and Address of Current Registered Agent Name		7. Name and Address of New Registered Agent		
DA SILVA, GILVAN P			Street Address (P.O. Box Number is Not Acceptable)		
24479 US HWY 19 N LOT 109 CLEARWATER, FL 33763		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	0 0 0	City	FL Z	ip Code	
8. The above name dentity symmits 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 obligatifies of egistic telepapent. With the Miles of the construction of the cons					
SIGNATURE Signature, typed or granted name of registered agent and title if repolations (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 DIRE	CTORS IN 11	
NAME DA SILVA, GILVAN P	☐ Defete	TITLE NAME	/- -	Change 🔲 Addition	
STREET ADDRESS 24479 US HWY 19 N LOT 109 STR		STREET ADDRESS 2.1	227 US HWY 19 N #14ZB LEARWATER, FL 337US		
TILLE	☐ Defete	TITLE		Change	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
NAME	☐ Delete	TITLE NAME		Change 🔲 Addition	
STREET AODRESS		STREET ADDRESS			
CHY-SI-ZIP	☐ Delete	CITY-SI-ZIP		Change	
NAME	□ beie€	NAME		Migride TT Vocition	
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Oelete	TITLE		Change	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-S1-ZIP	30000 C 2000 C 2	CITY-ST-ZIP			
ITTLE NAME	☐ Delete	TITLE NAME		Change	
STREET ADDRESS		STREET ADDRESS			
12. I hereby certify that the information supplied wit	this filing does not qualify for the	CITY-ST-ZIP he exemption stated in	Section 119.07(3)(i), Florida Statutes, I further certify th.	at the information	
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 of 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 executathis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					
changed, or on alvatted maint with an address, with all other like endowwereby					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone •					
Described and the Controlled Annual Controlled A					

B. Mitchell AUG 12 2005