## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000152065

Entity Name: DP CUSTOM TILE INSTALLATION INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1689 HAFFENBERG AVE 7581 BLUTTER RD NORTH PORT, FL 34288 NORTH PORT, FL 34286

Current Mailing Address: New Mailing Address:

1689 HAFFENBERG AVE 7581 BLUTTER RD NORTH PORT, FL 34288 NORTH PORT, FL 34286

FEI Number: 58-2678185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASYCK, PAVEL
1689 HAFFENBERG AVE
NORTH PORT, FL 34288 US
PASYUK, PAVEL
7581 BLUTTER RD
NORTH PORT, FL 34286 US

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.

SIGNATURE: PAVEL PASYUK 05/03/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 PASYUK, DMITRY
 Name:
 PASYUK, DMITRY

Address: 1689 HAFFENBERG AVE Address: 7581 BLUTTER RD

City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 PAVEL, PASYUK
 Name:
 PAVEL, PASYUK

 Address:
 1689 HAFFENBERG AVE
 Address:
 7581 BLUTTER RD

 City-St-Zip:
 NORTH PORT, FL 34288
 City-St-Zip:
 NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DMITRY PASYUK D 05/03/2007