## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # DOCOCO FORCE							FILED			
DOCUMENT # P03000152998										
FALLIN TILE & MARBLE, INC.						06 JAN -9 AM II: 00				
						_	TALLAHASSEE	J STATE		
Principal Place of Business Mailing Address  24302 PIPCE MANOR PLACE  24303 PIPCE MANOR PLACE  2							- TALLAHASCEE	i. Florid	A	
34362 RIDGE MANOR BLVD 34362 RIDGE MANOR F DADE CITY, FL 33523 DADE CITY, FL 33523							•			
5/52 5/7/2 55525						 	1 4 · · ·		1881 11 1881	
Principal Place of Business     3. Mailing Address										
Z. Timopari	1000 01 00011		V. Maining Address					-		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10252005 REIN-P CR2E098 (6/0) 5-06				
City & State			City & State			4. FEI Numb	er		plied For t Applicable	
Zip	Country		Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Regulred				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
FALLIN, STEPHEN L						Name				
34362 RID DADE CIT	GE MANO	OR BLVD	Street		Street Address (	ess (P.O. Box Number is Not Acceptable)				
	.,,									
					City	FL Zip Code				
8. The above named entity subraits 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 marketer of social to the control of the contro										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating)  DATE										
organization in principal in the programme of the principal of the princip										
FILE NOW!!! FEE IS \$150.00  After January 1, 2006, 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 I	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE	PTS		☐ Delete	E			☐ Change	☐ Addition		
name Street address	· · · · · · · · · · · · · · · · · · ·				TE. ADDRESS				ŀ	
CITY-ST-ZIP	DADE CITY, FL 33523				-ST-ZIP				ŀ	
TITLE			☐ Delete	TITL	E		المنار المناز	☐ Change	Addition	
NAME	NAN				-	700063568477 Addition   01/12/0601035003 **300.00				
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NAME				NAM	_					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST-ZIP				,	
12. I hereby 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 coord or supplemental report is two and countries and that my indicated on this coord or supplemental report is two and countries and that my indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information										
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 attaching with auf address, with all other like empowered.										
SIGNATURE: STON HALL 10 -25 05										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #										