


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 15 AM 8:00

<b>DOCUMENT # P03000154658</b>	
1. Entity Name RTA TILE, INC.	

Principal Place of Business 725 N CONRAD AVE SARASOTA, FL 34237-4627	Mailing Address 725 N CONRAD AVE SARASOTA, FL 34237-4627
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**REINSTATEMENT** 04



2. Principal Place of Business 295 North Tuttle Avenue Suite, Apt. #, etc. B-4	3. Mailing Address 295 North Tuttle Avenue Suite, Apt. #, etc. B-4
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10122004 REIN-P CR2E098 (6/04) *MRS*

City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34237-5261	Country

4. FEI Number 20-0462357	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LANGDON, ALLEN E 125 FIRST AVE NOKOMIS, FL 34275	Name Allen E. Langdon, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 125 First Avenue City Nokomis FL Zip Code 34275-4242
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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>Allen E. Langdon</i> Signature, typed or printed name of registered agent and title if applicable.	DATE October 13, 2004 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, REINALDO 725 N CONRAD AVE SARASOTA, FL 342374627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T Alvarez, Reinaldo 295 North Tuttle Avenue, Apt. B-4 Sarasota, FL 34237-5261 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	October 13, 2004 Date Daytime Phone #