


2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000155257		
1. Entity Name MENDOZA TILE SERVICES INC		

05 OCT -6 PM 4:38

Principal Place of Business 14888 SW 175 STREET MIAMI, FL 33187	Mailing Address 14888 SW 175 STREET MIAMI, FL 33187
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2. Principal Place of Business <i>same</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05-03-05 90134 027 #150.00
REINSTATEMENT
FEB 098 (6/04) 05
FBI Number 55-0859927 Applied For Not Applicable

6. Name and Address of Current Registered Agent MENDOZA, ALBERTO 14888 SW 175 STREET MIAMI, FL 33187	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Alberto Mendoza* Alberto Mendoza (Pres.) 9/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, ALBERTO 6237 WEST FLAGLER STREET APT 21 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Alberto Mendoza* Alberto Mendoza (Pres.) 9/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 2006-795

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September 21, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document#P03000155257

To Whom It May Concern:

We never received letter on May 19 or June 7th, 2005. Please accept reinstatement letter.

Thank you,

A handwritten signature in black ink, appearing to read "Alberto Mendoza", written in a cursive style.

Alberto Mendoza
President