2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156448 1. Entity Name				05 MAR 21 AM 10: 13
T&T TILE	INSTALLATIONS, INC.			
Principal Place	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
970 HADDOCK DR. 970 HADDOCK DR. CLERMONT, FL 34711 CLERMONT, FL 34711				37 Modern 31 II (A)
CLERMONT, I	FL 34711	CLERIVIONI, PL 34/11		
2. Principal Place of Business, 945 Happock D		3. Mailing Address 945 Hapoock Dr.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112005 REIN-P CR2E098 (6/04)
Clarmont, PL		CIERMONT, EL		4. FELNumber OS37108 Applied For Not Applicable
3,4 7,	- Country USA	^{zig} 34711	CountryUSA	5. Certificate of Status Desired S8.75 Additional Fee Required
9111	6. Name and Address of Current F			7. Name and Address of New Registered Agent
PIHS, JOSEPH				
-970 HADDOCK D R. CLERMONT, FL 34711			Street Addr	ess (P.O. Box Number is Nor Acceptable)
CLERWIONI, FL 34711				
			City	FL Zip Code
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.				
REINO IAI CIAICIAI 09-00				
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent alignature required when reinstating) DATE				
1 600 penaldo/150 oris (ile Fee)				
FILE NOWIII FEE IS \$900.00 (600 penally/150 oristile Fee)				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLÉ NAME	P PIHS, JOSEPH	☐ Delete	TITLE NAME	(⊘ Change
STREET ADDRESS CITY-ST-ZIP	970 HADDOCK DR.		STREET ADDRESS CITY-ST-ZIP	745 Happock Prive
TITLE	CLERMONT FL 34711	□ Detete	HTLE	☐ Change ☐ Addition
NAME			NAME STREET ADDRESS	100049938941 04/05/0501092003 **900.00
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	04/03/0301035003 **900.00
TITLE	-	☐ Délete	TITLE `	~ ☐ Change ☐ Addition
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CITY+ST+ZIP			CITY-ST-ZIP	
TITLE NAME	• .	☐ Delete	titlé name	Change Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREEF ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: Joseph 11h S 3/15/05 729 -3797 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dale Day Day Day Day Day Day Day Da				
I	Juliana Alla Teres Garri			