
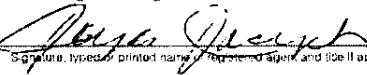
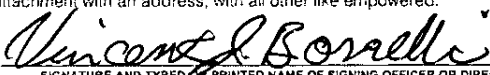


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156735 1. Entity Name BORRELLI TILE & REPAIR, INC.						FILED 06 SEP 27 PM 12:46 SEC. TALLAH. JADA	
Principal Place of Business 907 SW 6TH AVE. GAINESVILLE, FL 32601 US				Mailing Address 907 SW 6TH AVE. GAINESVILLE, FL 32601 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0519828				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE ROBERTSON GROUP 5216 SW 91ST STREET GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name A Gainesville Tax Service Street Address (P.O. Box Number is Not Acceptable) 3620 W. University Ave City Gainesville FL Zip Code 32607			
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 				DATE 9/21/06			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST BORRELLI, VINCENT 907 SW 6TH AVE. GAINESVILLE, FL 32601				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500080192395 09/26/06--01071--012 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WOOD, ALBERT L 907 SW 6TH AVE. GAINESVILLE, FL 32601				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE 9-21-06			