

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 12 PM 2:51

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 06-07  
CIR 02407 RANIP CIRC098 (11/05)

<b>DOCUMENT # P04000009962</b> 1. Entity Name <b>BRAZA TILE &amp; MARBLE, INC.</b>					
Principal Place of Business <b>11 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174</b>			Mailing Address <b>11 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>42-1614640</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DASILVA, ALTAIR 11 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE <i>Altair da Silva</i> <small>Signature, typed or printed name of registered agent and zip if applicable</small>				DATE <b>2-7-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DASILVA, ALTAIR 11 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 empowerments.					
SIGNATURE: <i>Altair da Silva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2/7/07</b> Daytime Phone # <b>386-543-9522</b> <b>607-7243471</b>	

CHUMSKY & COLLINS, CPAs  
87 MAIN ST.  
BINGHAMTON, NY 13905