## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000012829  1. Entity Name CHOCO TILE INC				OS NOV 18 AN 11: 58
Principal Place of Business  2522 8TH AVE E BRADENTON, FL 34208 US  Mailing Address  2522 8TH AVE E BRADENTON, FL 34208			. :	
2. Principal Place of Business  5 3 0 7 18TH AVE E 5 3 0 7 18TH  Suite, Apt. #, etc.  3. Mailing Address  5 3 0 7 18TH  Suite, Apt. #, etc.			AVE E	10272005 REIN-P CR2E098 (6/04)
City & State	NION FL	City & State BRADENT	ON FC	4. FEI Number 604878 Applied For Not Applicable
2ip 34208	Country  5. Name and Address of Current F	Zip34308	Country US	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
NELSON, MARK A				
2808 MANATEE AVE W JBRADENTON, FL 34208  Street Address (P.O. Box Number is Not Acceptable)				
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.				
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstatling)  **TROMOTO: Ason:  **PUV 2 2 ////PATE**				
File NOWII! FEE IS \$150.00 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	P MEDINA, REFUGIO GOMEZ 2522 8TH AVE E	☐ ∂elete	TITLE P NAME M STREET ADDRESS	EDINA REFUGIO COME Thange Addition
CITY-ST-ZIP	BRADENTON, FL 34208			PADENTON FL 34208
TITLE	VP	Delete	TITLE V	P Change Addition
NAME Street address	PEREZ, VICTOR ANDRADE 2522 8TH AVE E		NAME FE STREET ADDRESS 5	ELIX ROBOLFO ULTREPAS  307 18TH AVEC
CITY-\$T-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	BRADENTON FL 34208
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	300061549643 11/18/05-01048-002 **158,75
TITLE NAME		☐ Delete	TITLE NAME	Change - Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY+ST-ZIP			STREET 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 filling 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: KETUGLO GOVES M. 11/7/05 749-1913				
Ì	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date Daytime Phone #