


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000021307</b>		
1. Entity Name JD TILE, INC.		

Principal Place of Business 5231 MAUNA LOA LANE ORLANDO, FL 32812 US	Mailing Address 5231 MAUNA LOA LANE ORLANDO, FL 32812 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
05 SEP 26 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09202005 REIN-P CR2E098 (6/04)

4. FEI Number <b>20-0720617</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DELCID, JESUS 5231 MAUNA LOA LANE ORLANDO, FL 32812	

7. Name and Address of New Registered Agent	
Name	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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 DELCID, JESUS 5231 MAUNA LOA LANE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700060060207 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/29/05--01012--021 **150.00
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
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
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
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
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

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: <i>Jesus N. Delcid</i>	09-20-2005 (407) 468-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Orlando, FL September 20, 2005

TO:  
Uniform Business Report  
Division of Corporations

FROM:  
JD TILE INC  
10251 Cypress Knee Cir  
Orlando, FL 32825-9113

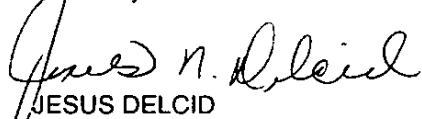
Dear Sir:

Our company was created in February 2, 2004. As a President of my company, I didn't have knowledge regarding to the annual report that it was supposed to be done the form UBR. Besides I never received the UBR form, to be fillet it out for us.

I ask you to consider the situation, revised this, because I got a letter from you, that it said that I have to paid a elevated penalty, because of my economical situation , I will not be able to paid that amount.

I will promise this is not going to happen again.

Sincerely:

  
JESUS DELCID  
President  
P# 04000021307