

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT -8 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000025649 1. Entity Name SPECIAL TILES CORP. <div style="text-align: right; margin-top: 10px;"><i>W08-42895</i></div>					
Principal Place of Business 101 SOUTH BUMBY AVE. APT E-12 ORLANDO, FL 32803			Mailing Address 2641 ALBION AVENUE ORLANDO, FL 32833		
2. Principal Place of Business - No P.O. Box # 2641 ALBION Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando, FL.		City & State		4. FEI Number 20-0724018	
Zip 32833	Country Orange	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSSIO, VLADIMIR SR. 101 SOUTH BUMBY AVE APT E-12 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Cossio, Vlademir Sr. Street Address (P.O. Box Number is Not Acceptable) 2641 ALBION Ave. City Orlando FL Zip Code 32833		
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>[Signature]</i> President 09/21/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	P COSSIO, VLADIMIR SR 101 SOUTH BUMBY AVE APT E-12 ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cossio, Vladimir Sr. 2641 ALBION Ave. Orlando, FL 32833	
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		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President 09/21/08 (321)2742482 <small>Date Daytime Phone #</small>		

REINSTATEMENT **07-08** **KS**
09112008 REIN-P GRZ098 (1/0)