2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000029898

Entity Name: DYNASTY TILE, INC

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1849 BUCHANAN BAY CIR 3325 PARTRIDGE ST

DELTONA, FL 32738 US 103 ORLANDO, FL 32839

New Mailing Address: Current Mailing Address:

1849 BUCHANAN BAY CIR 3325 PARTRIDGE ST US

DELTONA, FL 32738 ORLANDO, FL 32839

FEI Number: 20-0736586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, LIZZETH N ALVAREZ, LIZZETH N 3325 PARTRIDGE ST 1849 BUCHANAN BAY CIR DELTONA, FL 32738 US ORLANDO, FL 32839 US

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.

SIGNATURE: LIZZETH ALVAREZ 03/13/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ALVAREZ, LIZZETH N ALVAREZ, LIZZETH N Name: Name: 1849 BUCHANAN BAY CIR #103 Address: 3325 PARTRIDGE ST Address: DELTONA, FL 32738 US City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

ALVARENGA, JOSE C Name: Name: ALVARENGA, JOSE C 1849 BUCHANAN BAY CIR #103 Address: 3325 PARTRIDGE ST Address: ORLANDO, FL 32839 DELTONA, FL 32738 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: LIZZETH ALVAREZ 03/13/2006