


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000036868		
1. Entity Name K&J-TILE AND MARBLE, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 13 PM 2:33

Principal Place of Business 648 PEARL ROAD WINTER SPRINGS, FL 32708 US	Mailing Address 648 PEARL ROAD WINTER SPRINGS, FL 32708 US
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2. Principal Place of Business 131 Garden Drive Suite, Apt. #, etc.	3. Mailing Address 131 Garden Drive Suite, Apt. #, etc.
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01122006 REIN-P CR2E098 (11/05)

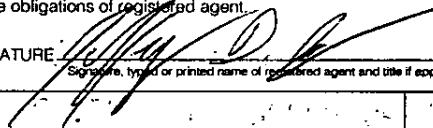
City & State Winter Springs, Florida	City & State Winter Springs, Florida
Zip 32708	Country U.S.A.

4. FEI Number 20-07-9968	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

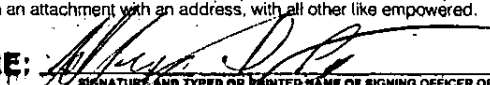
6. Name and Address of Current Registered Agent SCHILD, KURT W 3911 PEACE PIPE DRIVE ORLANDO, FL 32812	
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7. Name and Address of New Registered Agent Name: Jeffrey D. Potts Street Address (P.O. Box Number is Not Acceptable): 131 Garden Drive City: Winter Springs FL Zip: 32708	
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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: 	DATE: _____
(NOTE: Registered Agent signature required when reinstating)	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTS, JEFFREY D 648 PEARL ROAD WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T SCHILD, KURT W 3911 PEACE PIPE DRIVE ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900066213479 02/20/06--01073--003 **308.75
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: 	Date: _____ Daytime Phone #: (407) 575-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

211300