


2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000038263 | |  |
| 1. Entity Name REFLECTIONS TILE, INC | | |

FILED
08 DEC 30 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 1734 SE 29TH LANE CAPE CORAL, FL 33904 US | Mailing Address 1734 SE 29TH LANE CAPE CORAL, FL 33904 US |
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| 2. Principal Place of Business, No P.O. Box # 529 SE 9th Avenue | 3. Mailing Address 529 SE 9th Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------|--------------------------------|
| City & State Cape Coral, FL | City & State Cape Coral, FL |
| Zip 33990 | Country USA |
| Zip 33990 | Country USA |

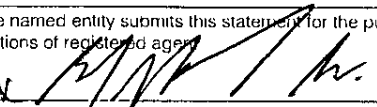


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| 6. Name and Address of Current Registered Agent HOWARD, SHAD J SR. 1734 SE 29TH LANE CAPE CORAL, FL 33904 | |
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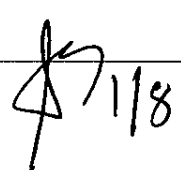
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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

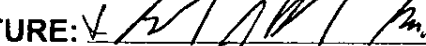
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|---|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name Howard, Shad J. Sr. | |
| Street Address (P.O. Box Number is Not Acceptable) 529 SE 9th Avenue | |
| City Cape Coral | FL Zip Code 33990 |

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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 12/26/08 |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | 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 HOWARD, SHAD J SR. 1734 SE 29TH LANE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Howard, Shad J. Sr. 529 SE 9th Avenue Cape Coral FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOWARD, SHARON D 1734 SE 29TH LANE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400139376084 12/30/08--01081--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HELM, BRANDON 1734 SE 29TH LANE CAPE CORAL, FL 33904 <input checked="" 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 |

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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 another like empowered | |
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| SIGNATURE:  | 12-26-08 |
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