2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000038880

1. Entity Name
JACK FERRELL TILES & DESIGN, INC.



Principal Place of Business

Mailing Address

AANN 12TH STREET

4400 12TH STREET

FILED

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SEUNE LANCIER STATE TALLAHASSEE, FLORIDA

2. Principal Place of Business Suite. Apt. 4, etc. Suite. Apt. 4, etc. City & State Country Applied for Pool Place of Status Desired \$8.75 Augusteed Agent \$8.75 Augustee	WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409						1 1 1 1 1 1 1 1 1 1	40/ 610 10 / 106 111				
City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired St. Asplicable St. Additional Fee Required St. Asplicable Street Address of New Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	2. Principal Place of Business			3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272006	2 作學1 E	LIM	DEE (1705)	()0	
S. Name and Address of Current Registered Agent FERRELL, JACK L 4400 12TH STREET WEST PALM BEACH, FL 33409 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME PERRELL, JACK L 4400 12TH STREET Signature Agent displaces required agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida.	City & State			City & State						├	<u>.</u>	
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Country		5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 period of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flori	6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered	Agent _		
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida 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: TACK FERRELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGN Daytime Phone

12/21/06 22

TO WHOM IT MAY CONCERN,

I DIDN'T RECEIVE ANY POTICES

OR POSTEARDS IN 2006 UNTIL I

RECEIVED THE REINSTATEMENT

DOCUMENT THIS MONTH.

I WOULD LIKE TO HAVE THE LATE FEE WAIVED.

Thanhyou I'M ENCLOSING A CHECK IN THE AMOUNT OF \$150-A5 INSTRUCTED.

THE 2005 S CORPORATION
FORM 11205 WAS MAILED & RECEIVED
BY THE 1RS AT THE INTERNAL
REVENUE SERVICE CENTER OFDEN
UTAH 84201-0013 ON SEPT
215 2006, COPY ENCLOSED
SMOUTH
Jawly Dray
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