

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000056530

FILED
Mar 18, 2009
Secretary of State

Entity Name: QUALITY TILE & MARBLE INSTALLATION, CORP.

Current Principal Place of Business:

5290 NW EVER RD.
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

5290 NW EVER RD.
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 20-0971857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, EDUARDO C
5290 NW EVER RD.
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: EDUARDO C. SILVA

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:

Title: PD () Delete
Name: SILVA, EDUARDO C
Address: 5290 NW EVER RD.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VPD () Delete
Name: PEREIRA, JOAO B
Address: 5290 NW EVER RD.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, EDUARDO C
Address: 501 NW SELVITZ RD.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VPD (X) Change () Addition
Name: BARROS, JOSE S
Address: 501 NW SELVITZ RD.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDUARDO C. SILVA

Electronic Signature of Signing Officer or Director

PD

03/18/2009

Date