

1062


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 31 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

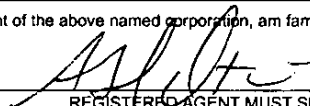
CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO4000063440</u>			
1. Corporation Name AMS TILE & STONE, INC.			
2. Principal Office Address 3469 NW 44TH ST.		3. Mailing Office Address	
Suite, Apt. #, etc. 106		Suite, Apt. #, etc.	
City & State LAUDERDALE, FL		City & State	
Zip 33309	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 20-1006508	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name EXPRESS ACCOUNTING AND INCOME TAX SERVICES, CORP	
Street Address (P.O. Box Number is Not Acceptable) 760 W. SAMPLE RD #10	
Suite, Apt. #, Etc. 10	
City POMPANO BEACH	
State FL	Zip Code 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

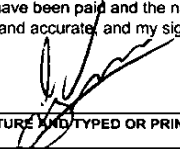
Signature of Registered Agent  Date 9/21/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ADRIANO M. SILVA	3469 NW 44TH ST.	Ft. Lauderdale, FL 33309

REINSTATEMENT 05-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **09/21/2006** **954 652-9485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Thursday, October 26, 2006

To Whom It May Concern:

I want to let you know that I did know that I have file a annual report,
and I never received any communication from the Department of State about the renewal.
I want to reinstate my corporation. I'm sending you a check for payment of 2 years.
Please wave any fee and accept my payment of \$300.00.

If you have any questions please call me at (561) 929-6899

Best Regards,



Adriano M. Silva