Page 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 27 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000064872

1. Corporation Name

ABY TILE CORPORATION

2. Principal Office Address		**3.** Mailing Office Address	
2531 West Wilder Av		2531 West Wilder Av	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, FL 33614		Tampa, FL 33614	
Zip	Country	Zip	Country
FL	USA	33614	USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 04/19/2004

5. FEI Number 65-1224282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Abel Garcia

Street Address (P.O. Box Number is Not Acceptable): 2531 West Wilder Av

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33614

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: Abel Garcia Date: 9/25/06
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
PD	Abel Garcia	2531 West Wilder Av	Tampa, FL 33614

000028210800
09/29/06--01051--004 **300.00

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: Abel Garcia 9/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X 9/28

PASAN INVESTMENT, INC. ACCOUNTING TAXES & CONSULTING

Tampa September 25, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: ABY Tile Corporation

Dear Sirs:

Please find attached a Corporate Reinstatement Form in order to ask you to renew the chapters of the above mentioned corporation for years 2005 and 2006.

During this period the corporation did not received any notification reminding the renewal of the chapters.

Attached please find a check for $300 to cover Annual Report and Supplemental Fee for the years mentioned above.

Thanks in advance for your cooperation, sincerely,

Juan Santaella

2310 W WATERS AV. SUITE D TAMPA FL 33604
TEL (813) 849-2878 FAX (813) 849-6019