

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000067886 1. Entity Name D & V TILE, INC.				FILED 05 SEP 22 PM 2:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1023 LEBRUN DRIVE JACKSONVILLE, FL 32205		Mailing Address 1023 LEBRUN DRIVE JACKSONVILLE, FL 32205			
2. Principal Place of Business 5243 HOLLY CREST		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL		City & State 			
Zip 32205		Country USA		4. FEI Number 20-1043012	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VO, DIEP 1023 LEBRUN DRIVE JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 9-20-05 <small>Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VO, DIEP 1023 LEBRUN DRIVE JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VO, DIEP 1023 LEBRUN DRIVE JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059822716 09/21/05--01036--004 **150.00	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE:			9-20-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

D & V TILE, INC.
5243 HOLLY CREST
JACKSONVILLE, FL 32205

September 20, 2005

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

Dear Sir or Madam,

Enclosed is my check for \$150.00 and the Annual Report for my corporation. I did not receive notification for renewing my corporation and just now learned that it had been changed to 'inactive' status.

Please change my address and change the status of my corporation to 'active'.
Thank you.

Sincerely,

Diep Vo
President

