2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081623

Name:

Address:

City-St-Zip:

KINDER, CURTIS

JACKSONVILLE, FL 32203

PO BOX 2766

FILED Oct 14, 2007 Secretary of State

Entity Nar	me: JACKS	ON'S CREATIVE TILE INSTAL	LATION, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
8090 ATLANTIC BLVD APT C444 JACKSONVILLE, FL 32211				576 CHANSELLOR DR E. JACKSONVILLE, FL 32225			
Current Mailing Address:				New Mailing Address:			
PO BOX 2 JACKSON	766 VILLE, FL 3	32203					
FEI Number:	: 83-0395755	FEI Number Applied For()	FEI Number Not A	oplicable ()	Certificate of Status Desired	(X) t	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JACKSON, THEODORE L 8090 ATLANTIC BLVD APT C444 JACKSONVILLE, FL 32211 US				JACKSON, THEODORE L 576 CHANCELLOR DR. E JACKSONVILLE, FL 32225 US			
	named enti e of Florida.	ty submits this statement for the	e purpose of changin	g its registered	l office or registered agent, o	or both,	
SIGNATURE: THEODORE L JACKSON				10/14/2007			
	Elect	ronic Signature of Registered A	gent		Date		
		.193(2)(b), F.S., the corporation did cing Trust Fund Contribution ().	not receive the prior no	tice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P. O. BOX 2	() Delete THEODORE L 766 LLE, FL 32203	Title: Name: Address: City-St-Zip		() Change () Addition		
Title: Name: Address: City-St-Zip:	D WILLIAMS, PO BOX 276 JACKSONVI		Title: Name: Address: City-St-Zip	KENDER, CU PO BOX 276	(X) Change () Addition JRTIS LABOR 6 LLE, FL 32203		
Title:	D	(X) Delete	Title:		() Change () Addition		

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.

Name: Address:

City-St-Zip:

SIGNATURE: THEODORE L JACKSON Ρ 10/14/2007