

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000082530

1. Entity Name
DREAMTILE, INC.



FILED

2009 SEP 15 P 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15816 TOWER VIEW DRIVE
CLERMONT, FL 34711 US

Mailing Address
15816 TOWER VIEW DRIVE
CLERMONT, FL 34711 US

2. Principal Place of Business - No P.O. Box #
1704 Brolga Street
Suite, Apt. #, etc.

3. Mailing Address
1704 Brolga Street
Suite, Apt. #, etc.

07172009 REIN-P CR2E098 (1/07)

City & State
Groveland, FL
Zip 34736 Country US

City & State
Groveland, FL
Zip 34736 Country US

4. FEI Number
22-3901159

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, BLANCA E
15816 TOWER VIEW DRIVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name: Rodriguez, Blanca E.
Street Address (P.O. Box Number is Not Acceptable)
1704 Brolga Street
City: Groveland FL Zip Code: 34736

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: Blanca E. Rodriguez DATE: 9/9/09
Signature, typed or printed name of registered agent and his/her representative (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, BLANCA E 15816 TOWER DRIVE CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rodriguez, Blanca E 1704 Brolga street Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900160674083 09/15/09--01015--005 **308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Blanca E. Rodriguez DATE: 9/9/09 DAYTIME PHONE: 321-331-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR