2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 05, 2006
Secretary of State

DOCUMENT# P04000085831

Entity Name: TILE WITH STYLE & ASSOCIATES, INC.

Current Principal Place of Business:

758 STRATTON ST
DELTONA, FL 32725

New Principal Place of Business:

777 DELTONA BLVD.
SUITE 16
DELTONA, FL 32725

Current Mailing Address:

758 STRATTON ST
DELTONA, FL 32725

New Mailing Address:

777 DELTONA BLVD.
SUITE 16
DELTONA, FL 32725

FEI Number: 27-0092820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, STEVE E
758 STRATTON ST
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

BAKER, STEVE E
897 GLASGOW AVENUE
DELTONA, FL 32738 US

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.

SIGNATURE: STEVE BAKER 12/05/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAKER, STEVE E
Address: 758 STRATTON ST
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: REPASS, APRIL D
Address: 758 STRATTON ST
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAKER, STEVE E
Address: 897 GLASGOW AVENUE
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change ( ) Addition
Name: REPASS, APRIL D
Address: 897 GLASGOW AVENUE
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: APRIL REPASS VP 12/05/2006
Electronic Signature of Signing Officer or Director Date