

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000088004 1. Entity Name AVILA MARBLE & TILE INSTALLATIONS CORP				 <div style="text-align: right;"> FILED 08 OCT 17 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1909 MERIDEL AVE TAMPA, FL 33612 US		Mailing Address 1909 MERIDEL AVE TAMPA, FL 33612 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 2801 w Marquette Ave City & State tampa FL Zip 33614		3. Mailing Address 2801 w Marquette Ave Suite, Apt. #, etc. City & State tampa FL Zip 33614			
Country USA		Country USA		4. FEI Number 20-1207190	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent AVILA, ELIECER 1909 MERIDEL AVE TAMPA, FL 33612			7. Name and Address of New Registered Agent Name 2801 w Marquette Ave Street Address (P.O. Box Number is Not Acceptable) City tampa FL Zip Code 33614		
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10/3/2008	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	P AVILA, ELIECER 1909 MERIDEL AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137018518 10/17/08--01037--015 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eliecer Avila 2801 w Marquette Ave tampa FL 33614		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	
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/03/2008 Daytime Phone #: 813 541 1547	