

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000113693					
1. Entity Name JAVIER TILE & MARBLE CORPORATION					
Principal Place of Business 8761 NW 32 COURT MIAMI, FL 33147			Mailing Address 8761 NW 32 COURT MIAMI, FL 33147		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDINO, JAVIER F 8761 NW 32 COURT MIAMI, FL 33147				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, the registered agent.					
SIGNATURE: 				DATE: 4/25/06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDINO, JAVIER F			NAME	
STREET ADDRESS	8761 NW 32 COURT			STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33147			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S.T			NAME	4/25/06
STREET ADDRESS	ANDINO, JAVIER F			STREET ADDRESS	
CITY - ST - ZIP	8761 NW 32 COURT			CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI, FL 33147			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: 				Date: 4/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (786) 357-1408	

FILED

06 MAY -4 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
104252006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1446516

Applied For
 Not Applicable

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

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SIGNATURE:  DATE: **4/25/06**

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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE: P,VP Delete
NAME: ANDINO, JAVIER F
STREET ADDRESS: 8761 NW 32 COURT
CITY - ST - ZIP: MIAMI, FL 33147

TITLE: S.T Delete
NAME: ANDINO, JAVIER F
STREET ADDRESS: 8761 NW 32 COURT
CITY - ST - ZIP: MIAMI, FL 33147

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
NAME: **4/25/06**
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
NAME: **000074534750**
STREET ADDRESS: **05/14/06--01001--003**
CITY - ST - ZIP: ****900.00**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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SIGNATURE:  DATE: **4/25/06** DAYTIME PHONE #: **(786) 357-1408**