2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121374 1. Entity Name GUILLEN'S EXPRESS TILE & MARBLE, INC.										F	LE,	D		
5405 5TH STREET WEST				Mailing Address 5405 5TH STREET WEST LEHIGH ACRES, FL 33971					JUN CREJA		: OI MA	58		
Principal Place of Business 3.				Mailing Address					44	5				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02132006	REIN	.Р	CR2E	E09 8 (11/0	05)	•
City & State				City & State				4. FEI Number	184	999			Not	lied For Applicable
Zip	`			Zip 	try		5. Certificate	-		Ø	\$8.75 Fee Req	Additi uired	onal	
6. Name and Address of Current Regis				tered Agent Name				7. Name and Address of New Registered Agent						
GUILLEN, ROBERTO A 5405 5TH STREET WEST LEHIGH ACRES, FL 33971				Street Address			dress (s (P.O. Box Number is Not Acceptable)						
FEHION MOKES, PL 33971												<u> </u>		
						City			· · · · · ·	· (D	F	┗▕▕	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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent alignature required when reinstating) DATE													
FILE NOW!!! FEE IS \$300.00									In acco	ordance v ation did	with s. 60 not rece	07.193(2) ive the pr	(b), F ior no	.S., the tice.
10.	ocon	OFFICERS A	ND DIRE		11.			ADDITIONS/	CHANGE	S TO OFF	ICERS AI			
NAME STREET ADDRESS CITY-ST-ZIP	5405 5TH	, ROBERTO A I STREET WEST ACRES, FL 33971		☐ Delete		1						☐ Chan	iye	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3970 20 F	, ERVIN A PL SW FL 34116		☐ Delete					□□□ 407/08				20	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				7			,,,,,	☐ Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l I	i-Anti-2	B	6	29	of	Char	ige	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			jř(lů:					- Clar	9	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	IE Eet address '-st-zip						Char		Addition
12. I hereby a indicated of the coachanged.	certify that the lon this reportion or to poration or to or on an att	ne information supplied ort or supplemental repo the receiver or trustee e lactyment with an addre	with this ort is true macwere ss, with a	filing does not qualify for and accurate and that ad to effect this repor- all other like empowered	or the exemple of the contract	emptions co ture shall ha ired by Cha	ontained ave the pter 60	d in Chapter 119 same legal effec 7, Florida Statute	9, Florida S ot as if ma es; and tha	Statutes. I de under at my nam	further coath; that	ertify that the lam an off s in Block	he info ficer o	ormation or director Block 11 if
	12. Thereby certify that the information supplied with final itting does not quality for the exemptions contained in Chapter 1.9, Fiorida Statutes. Towner certify that the information indicated on this report or suppliemental report is type and accurate and that my signature shall have the same legal effect as if made under calify, that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 any accuracy, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE Daylore Proce 5													5