

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN -7 PM 4:56


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000104265000  
06/12/07--01033--006 \*\*450.00

REINSTATEMENT  
CR2E081 (1/07) 15-01

4. Date Incorporated or Qualified To Do Business in Florida		8/31/04
5. FEI Number	Applied For	Not Applicable
20-1607880		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P04000125668</b>					
1. Corporation Name <b>C &amp; M Torres Tile, Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>601 Bayport Dr.</b>			3. Mailing Office Address <b>601 Bayport Dr.</b>		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. —		
City & State <b>Kissimmee, FL</b>			City & State <b>Kissimmee, FL</b>		
Zip <b>34758</b>	Country <b>Useda</b>	Zip <b>34758</b>	Country <b>Useda</b>		
7. Name and Address of Current Registered Agent					
Name <b>Mayra Torres</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>601 Bayport Dr.</b>					
Suite, Apt. #, Etc. —					
City <b>Kissimmee</b>		State <b>FL</b>	Zip Code <b>34758</b>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <b>X Mayra E. Torres</b> Date <b>6/6/07</b>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Mayra Torres	601 Bayport Dr.		Kissimmee, FL 34758	
D	Alfredo Torres	601 Bayport Dr.		Kissimmee, FL 34758	
D	Carlos Torres	601 Bayport Dr.		Kissimmee, FL 34758	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <b>X Mayra E. Torres / Mayra E. Torres</b> Date <b>6/6/07</b> Daytime Phone # <b>(907) 729-1505</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Q. Michael JUN 7 2007