2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000126276

1. Entity Name
ACHE TILE, INC

FILED
2008 FEB -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/2/07 90047 045 150-00
01112008 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
710 SW 6 COURT POMPANO BEACH, FL 33060 US	710 SW 6 COURT POMPANO BEACH, FL 33060 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 1088 SW PAAR DR	Suite, Apt. #, etc. 1088 SW PAAR DR
City & State PORT ST LUCIE FL 34953	City & State PORT ST LUCIE FL
Zip 34953 Country	Zip 34953 Country

4. FEI Number 20-1648245 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, FRANCISCO A 710 SW 6 COURT POMPANO BEACH, FL 33060	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 registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS ~~$600.00~~ 150.00

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 GARCIA, FRANCISCO A 710 SW 6 COURT POMPANO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100118409711 02/20/08--01007--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, VILMA L 710 SW 6 COURT POMPANO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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