

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140308

**FILED**  
**Aug 04, 2006**  
**Secretary of State**

**Entity Name:** COUNTERTOPS DESIGN, INC.

**Current Principal Place of Business:**

4900 SW 166TH AVE.  
SOUTHWEST RANCHES, FL 333311303

**New Principal Place of Business:**

**Current Mailing Address:**

4900 SW 166TH AVE.  
SOUTHWEST RANCHES, FL 333311303

**New Mailing Address:**

FEI Number: 20-1731537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINO, JOSE M  
4900 SW 166TH AVE.  
SOUTHWEST RANCHES, FL 333311303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOSE M PINO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PINO, JOSE M  
Address: 4900 SW 166TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 333311303

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PINO, JOSE M  
Address: 4900 SW 166TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 333311303 US

Title: ST ( ) Change (X) Addition  
Name: ROMAN, NOELIA  
Address: 4900 SW 166 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 333311303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOELIA ROMAN

ST

08/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date