PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/06/07--01024--021 **450.00

DOCUMENT # P04000141963

1. Corporation Name
New Image Tile + Marble Inc

~~WD 5170~~

2. Principal Office Address	3. Mailing Office Address
2325 Cilantro Dr.	2318 Siesta Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc. Lot # 281
City & State Orlando	City & State Kissimmee
Zip FL Country 32837 USA	Zip FL Country 34746 USA

REINSTATEMENT (FREE681 (01/05)) 05-07

4. Date Incorporated or Qualified To Do Business in Florida 10/14/04

5. FEI Number 41-2154521 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Juan C. Feliciano

Street Address (P.O. Box Number is Not Acceptable): 2325 Cilantro Dr.

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32837

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: X Juan C Feliciano Date: X 12-22-06
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	Juan C. Feliciano	2318 Siesta Ln Lot 281	Kissimmee, FL 34746

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: X Juan C Feliciano X12-22-06 321-437-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it Concern:

I'm Juan C. Feliciano the propose of this letter is the a gat Divorce from my wife and the Address the was on the permision on this papel have been change She never give me my Coresponderncia letter so I never Dos Quare the I have to renuew this every year this is my new Address now

2318 Siesta Ln. lot 251
Kissimmee Fl. 34746

I'm sending this money order for $150.00 so now you can send me my new Lisend back or if a had to send anithing els please feel free to mail me or call at

407-520-7535 - a new wife
407-520-7536 - myself

Thank you

Juan C. Feliciano