



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000145293 1. Entity Name RGD DIAMOND TILE, INC.						06 OCT 10 AM 4:54 SEC. TALLA	
Principal Place of Business 4944 ELIZABETH AVENUE SARASOTA, FL 34233		Mailing Address 4944 ELIZABETH AVENUE SARASOTA, FL 34233				 REINSTATEMENT 2006 WDP 10032006 REINP CR2E098 11/05	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 20-1777114						<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name DOFFLEMYER, ROBIN Street Address (P.O. Box Number is Not Acceptable) 4944 ELIZABETH AVE City SARASOTA FL Zip Code 34233			
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 <u>ROBIN DOFFLEMYER</u> DATE <u>10/ /06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				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	PSTD DOFFLEMYER, ROBIN G <input type="checkbox"/> Delete 4944 ELIZABETH AVENUE SARASOTA, FL 34233			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080875585 10/16/06--01043--010 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMBO, DAVID S <input type="checkbox"/> Delete 1433 HICKORY STREET SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. ROBIN DOFFLEMYER							
SIGNATURE: <u>Robin G Dofflemyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				PRES.		10/6/06 941-924-3845 <small>Date Daytime Phone #</small>	