

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 28 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/16/09--01043--006 **450.00

REINSTATEMENT 07-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000149975
1. Corporation Name
Drinks Tiled Marble Service Inc.

2. Principal Office Address - No P.O. Box # 2500 N.W. 36 Terrace Suite, Apt. #, etc.		3. Mailing Office Address 2500 N.W. 36 Terrace Suite, Apt. #, etc.	
City & State Fort Lauderdale		City & State Fort Lauderdale	
Zip 33311	Country Florida	Zip 33311	Country Florida

4. Date Incorporated or Qualified To Do Business in Florida 11-1-2004

5. FEI Number 611469263 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: HOWARD DRINKS TILE SERVICE INC.
Street Address (P.O. Box Number is Not Acceptable): 2500 N.W. 36 Terrace
Suite, Apt. #, Etc.:
City: Fort Lauderdale State: FL Zip Code: 33311

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.

8. I, being appointed 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: Howard Drinks REGISTERED AGENT MUST SIGN Date: July 13-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Howard Drinks	2500 NW 36 Terr.	Fort Lauderdale FL 33311

REINSTATEMENT RH

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: Howard Drinks Date: July 13-2009 Daytime Phone #: 954-793-6598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR