

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000006024

Entity Name: CHARLES TILE, CORP.

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

647 HOLBROOK AVE  
DELTONA, FL 327388857

**New Principal Place of Business:**

2004 PRESCOTT BLVD.  
DELTONA, FL 327388857

**Current Mailing Address:**

647 HOLBROOK AVE  
DELTONA, FL 327388857

**New Mailing Address:**

2004 PRESCOTT BLVD.  
DELTONA, FL 327388857

FEI Number: 32-0137023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SENTMANAT, CARLOS  
647 HOLBROOK AVE  
DELTONA, FL 327388857 US

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

SENTMANAT, CARLOS  
811 SHENANDOAH AVE.  
DELTONA, FL 327388857 US

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: CARLOS SENTMANAT

10/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SENTMANAT, CARLOS  
Address: 647 HOLBROOK AVE  
City-St-Zip: DELTONA, FL 327388857

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

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

Title: DP (X) Change ( ) Addition  
Name: SENTMANAT, CARLOS  
Address: 811 SHENANDOAH AVE.  
City-St-Zip: DELTONA, FL 327388857

Title: VP ( ) Change (X) Addition  
Name: CRUZ, AMPARO  
Address: 2004 PRESCOTT BLVD.  
City-St-Zip: DELTONA, FL 327388857

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS SENTMANAT

DP

10/23/2007

Electronic Signature of Signing Officer or Director

Date