



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000011019 1. Entity Name CONTRACTOR SPECIALTIES - NATURAL STONE INC.			FILE 06 NOV 17 21:50:01 TALLAHASSEE, FLORIDA
Principal Place of Business 4412 W. IDLEWILD AVE. TAMPA, FL 33614		Mailing Address 4412 W. IDLEWILD AVE. TAMPA, FL 33614	
2. Principal Place of Business 3901 w. Norfolk st Suite, Apt. #, etc.	3. Mailing Address 3901 w. Norfolk st Suite, Apt. #, etc.	 REINSTATEMENT 2006 11022006 REIN-R CR2E098 (1/05)	
City & State Tampa FL	City & State Tampa FL	4. FEI Number 30-0303427	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33614	Country	Zip 33614	Country
6. Name and Address of Current Registered Agent PEREZ, RALPH 10921 AIRVIEW DR. TAMPA, FL 33625		7. Name and Address of New Registered Agent Name Ediel Garcia Street Address (P.O. Box Number is Not Acceptable) 3901 w Norfolk st City Tampa FL Zip Code 33614	
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 <i>Ediel Garcia</i> Ediel Garcia <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 11/15/06 <small>(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 P <input type="checkbox"/> Delete NAME GARCIA, EDIEL STREET ADDRESS 4412 W. IDLEWILD AVE. CITY-ST-ZIP TAMPA, FL 33614	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Eliecer Quintana STREET ADDRESS 4412 w Idlewild ave CITY-ST-ZIP Tampa FL 33614	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 500081894615 CITY-ST-ZIP 11/17/06--01010--006 **158.75	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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.			
SIGNATURE: <i>Ediel Garcia</i> Ediel Garcia <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 11/15/06 <small>Date</small>	(813) 404-4834 <small>Daytime Phone #</small>