


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State 'DIVISION' OF CORPORATIONS		FILED 07 JAN 25 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100086812301 01/31/07--01037--013 **300.00 CR2E081 (12/05)	
DOCUMENT # <u>POS000012354</u>					
1. Corporation Name <u>LAMDAIN custom Design Tile inst. inc</u>					
2. Principal Office Address <u>3740 Taro PL</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>3740 Taro PL</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>Sarasota FL</u>		City & State <u>Sarasota FL</u>			
Zip <u>34232</u>	Country <u>Sarasota</u>	Zip <u>34232</u>	Country <u>Sarasota</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>02/07/05</u>	
5. FEI Number <u>342033457</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$875 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Jaime Eduardo Guerra</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>3740 Taro PL</u>					
Suite, Apt. #, Etc.					
City <u>Sarasota</u>				State <u>FL</u>	Zip Code <u>34232</u>
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 <u>[Signature]</u>				Date <u>02/07/2007</u>	
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	
<u>P:</u>	<u>Jaime Guerra</u>	<u>3740 Taro PL</u>		<u>Sarasota FL 34232</u>	
<u>V:</u>	<u>Carlos Palacio</u>	<u>3740 Taro PL</u>		<u>Sarasota FL 34232</u>	
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: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>01/22/06</u>	Daytime Phone # <u>(941) 302-0450</u>