


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053119 1. Entity Name RUDY'S TILE, INC.	
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06 OCT 30 14:33

Principal Place of Business 5216 BENJAMIN LN SARASOTA, FL 34233	Mailing Address 5216 BENJAMIN LN SARASOTA, FL 34233
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2. Principal Place of Business 5216 BENJAMIN LN. Suite, Apt. #, etc.	3. Mailing Address 5216 BENJAMIN LN. Suite, Apt. #, etc.
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City & State SARASOTA FL.	City & State SARASOTA FL.	4. FEI Number 65-0976713	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34233 Country USA	Zip 34233 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VARACKA, RUDOLF 5216 BENJAMIN LN SARASOTA, FL 34233	7. Name and Address of New Registered Agent Name RUDOLF VARACKA Street Address (P.O. Box Number is Not Acceptable) 5216 BENJAMIN LN. City SARASOTA FL Zip Code 34233
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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 Rudolf Varacka **RUDOLF VARACKA** 10/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete VARACKA, RUDOLF 5216 BENJAMIN LN SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600081595476 11/07/06--01055--030 **150.00
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
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.

SIGNATURE: Rudolf Varacka **RUDOLF VARACKA** 10/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #