

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 OCT 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000092264			
1. Entity Name SUAREZ MARBLE & TILE INSTALLATION, CORP.			
Principal Place of Business 2066 SE 14TH STREET HOMESTEAD, FL 33035 US		Mailing Address 2066 SE 14TH STREET HOMESTEAD, FL 33035 US	
2. Principal Place of Business <i>8832 NW 14th Lane</i>		3. Mailing Address <i>8832 NW 14th Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI, FLORIDA</i>		City & State <i>MIAMI, FLORIDA</i>	
Zip <i>33018</i>		Zip <i>33018</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>20-3078578</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, UBALDO 2066 SE 14TH STREET HOMESTEAD, FL 33035		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>8832 NW 14th Lane</i> City <i>MIAMI</i> FL Zip Code <i>33018</i>	
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>[Signature]</i>		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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, UBALDO 2066 SE 14TH STREET HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8832 NW 14th Lane</i> <i>MIAMI, FLORIDA 33018</i>
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 <i>200080787332</i> <i>10/12/06--01068--033 ***150.00</i>
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 <i>B 10/17/06</i> <i>REINSTATEMENT</i>
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: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	