

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000138606

1. Entity Name  
EMAU TILE, INC.



FILED

06 DEC -8 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
301 S. OSPREY AVENUE  
SARASOTA, FL 34286

Mailing Address  
301 S. OSPREY AVENUE  
SARASOTA, FL 34286



2. Principal Place of Business  
2209 Sophie Springer Ln  
Suite, Apt. #, etc.

3. Mailing Address  
2209 Sophie Springer Ln  
Suite, Apt. #, etc.

City & State  
Sarasota, FL  
Zip  
34234  
Country  
U.S.A.

City & State  
Sarasota, FL  
Zip  
34234  
Country  
U.S.A.

REINSTATEMENT  
4. FEI Number  
203633737  
Applied for  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ARITA, MARCOS  
301 S. OSPREY AVENUE  
SARASOTA, FL 34286  
2209 Sophie Springer Ln  
Sarasota FL, 34234

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 DATE 10-31-06  
(NOTE: Registered Agent signature required when reinstating)

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	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARITA, MARCOS		NAME	Marcos Arita	
STREET ADDRESS	301 S. OSPREY AVENUE		STREET ADDRESS	2209 Sophie Springer Ln	
CITY - ST - ZIP	SARASOTA, FL 34286		CITY - ST - ZIP	Sarasota FL 34234	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: DATE 10-31-06 DAYTIME PHONE # (941) 822-2769  
cc: 2941 822-2051