2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEWENT												
DOCUMENT # P05000140184] FIL -					
1. Entity Name						00 11011 1 7						
YOSVI TILE, CORP.						i		17 00	5: 00			
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6910 N CAMERON AVENUE 6910 N CAMERON AVENU Tampa, Fl 33614 tampa, Fl 33614					C							
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Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			10182006	2 HEWPI IC	CR2E098	1 (1 (08)	Clo_	ahp	
City & State			City & State		4. FEI Number	19191			plied For t Applicable	-		
Zip	Country		Zip Count		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered Ag	ent]	
SUAREZ,	YOSVANI				Name		•	-			Ì	
6910 N CA	MERON				Street Address (P.O. Box Number	r is Not Acceptab	le)				
17/WFA, 12 33014]	
					City			FL	Zip Code	•	1	
8. The above	named entit	y submits this statement fo	r the purpose of changing its	register	L ed office or register	ed agent, or both	, in the State of F	. –	niliar with.	and accept	┨	
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 MILY												
Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating)												
FILE NOW!!! FEE-18-8750.00 After January 1, 2007, Fee will be \$900.00 \$150.00 \$8.75 = \$158.75 because I did not received prior motice												
		07, Fee will be \$900.0	· \$150.00·	╬	8.37 =A	130.73	Received	prior	mot	ice		
10.		OFFICERS AND	·	11.			CHANGES TO OF				-	
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NAME	SUAREZ, YOSVANI				ι£		<u> </u>					
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NAME				NAM	F							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP							
12. I hereby o	ertify that the	e information supplied with	this filing does not qualify for	r the exe	emotions contained	in Chapter 119	Florida Statutes	I further certify	that the in-	formation	{	
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.												
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SIGNAT	URE: _	BIGNATURE AUD TOPE CO	DINTED NAME OF BIOLOGIC	00.545		<u> [[]+[0]</u>	<i>p</i>	(E)	270-	4647		
		GIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	IOR	•	Date	Dayti	ime Phone #		l	