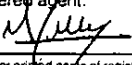
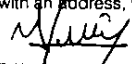


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000140184 1. Entity Name YOSVI TILE, CORP.						FILE 06 NOV 17 2006 5:00 SEC. TALL...	
Principal Place of Business 6910 N CAMERON AVENUE TAMPA, FL 33614				Mailing Address 6910 N CAMERON AVENUE TAMPA, FL 33614			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2006 1018200612 REIN-P CR2E098 (1/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 20-3619191			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SUAREZ, YOSVANI 6910 N CAMERON AVENUE TAMPA, FL 33614				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  Signature, typed or printed name of registered agent and title if applicable.				DATE 11/7/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE \$548-\$750.00 After January 1, 2007, Fee will be \$900.00				$\$150.00 + \$8.75 = \$158.75$ because I did not receive prior notice			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUAREZ, YOSVANI 6910 N CAMERON AVENUE TAMPA, FL 33614 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 900081894599 11/17/06--01010--005 **158.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 11/7/06			
				Daytime Phone # (813) 270-9643			