

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000145283

FILED
Oct 11, 2006
Secretary of State

Entity Name: RONALDO ALVES TILE INSTALLATION, CORP.

Current Principal Place of Business:

807 MADES DR
FORT PIERCE, FL 34947 US

New Principal Place of Business:

631 NW SELVITZ RD
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

807 MADES DR
FORT PIERCE, FL 34947 US

New Mailing Address:

631 NW SELVITZ RD
PORT ST LUCIE, FL 34983 US

FEI Number: 20-3702649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPLACE CORP
2721 S US 1 SUITE 9
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

ALVES, RONALDO O
631 NW SELVITZ RD
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: RONALDO O ALVES

10/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVES, RONALDO O
Address: 807 MADES DR
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D () Delete
Name: ALVES, REINALDO O
Address: 807 MADES DR
City-St-Zip: FORT PIERCE, FL 34947 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVES, RONALDO O
Address: 631 NW SELVITZ RD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP/D (X) Change () Addition
Name: ALVES, REINALDO O
Address: 631 NW SELVITZ RD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D () Change (X) Addition
Name: RODRIGUES, FRANCY W
Address: 631 NW SELVITZ RD
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALDO O ALVES

P/D

10/11/2006

Electronic Signature of Signing Officer or Director

Date