

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000145283

FILED  
Dec 11, 2007  
Secretary of State

**Entity Name:** RONALDO ALVES TILE INSTALLATION, CORP.

**Current Principal Place of Business:**

631 NW SELVITZ RD  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

464 NW RAYMOND LN.  
PORT ST LUCIE, FL 34983 US

**Current Mailing Address:**

631 NW SELVITZ RD  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

464 NW RAYMOND LN.  
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:**

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

**Name and Address of New Registered Agent:**

ALVES, RONALDO O  
464 NW RAYMOND LN.  
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

12/11/2007

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: 631 NW SELVITZ RD  
City-St-Zip: PORT ST LUCIE, FL 34983 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALVES, RONALDO O  
Address: 464 NW RAYMOND LN.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D (X) Change ( ) Addition  
Name: ALVES, REINALDO O  
Address: 464 NW RAYMOND LN.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D (X) Change ( ) Addition  
Name: RODRIGUES, FRANCY W  
Address: 464 NW RAYMOND LN.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify 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

PD

12/11/2007

Electronic Signature of Signing Officer or Director

Date