

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000148260

1. Corporation Name

PINHO TILE & MARBLE, INC.

2. Principal Office Address - No P.O. Box #
1121 SOUTH MILITARY TRAIL

3. Mailing Office Address
1121 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.
260

Suite, Apt. #, etc.
260

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

Zip
33442

Country
USA

Zip
33442

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 11/04/2005

5. FEI Number
20-3743710

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TAX HOUSE CORP.

Street Address (P.O. Box Number is Not Acceptable)
1100 S Federal Hwy - Second Floor

Suite, Apt. #, Etc.

City
Deerfield Beach

State Zip Code
FL 33441

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 05/09/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	MARCELO DIAS PINHO	1121 SOUTH MILITARY TRAIL # 260	DEERFIELD BEACH FL 33442

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

MARCELO DIAS PINHO

05/09/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
2008 MAY 16 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500129677875
05/16/08--01024--009 ***450.00
REINSTATEMENT

MAY 16 2008