2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000022265

Entity Name: FOX TILE & MARBLE, INC.

FILED Oct 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

444 SW MEADOW TERR. 217 SW COCONUT KEY WAY PORT ST LUCIE, FL 34984 US PORT ST LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

444 SW MEADOW TERR.

PORT ST LUCIE, FL 34984 US

217 SW COCONUT KEY WAY
PORT ST LUCIE, FL 34986 US

FEI Number: 20-4315101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHMIT, ALECIO A JR

444 SW MEADOW TERR

PORT ST LUCIE, FL 34984 US

SCHMIT, ALECIO A JR

217 SW COCONUT KEY WAY

PORT ST LUCIE, FL 34986 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: ALECIO A. SCHMIT 10/26/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHMIT, ALECIO A JR Name: Name: SCHMIT, ALECIO A JR 444 SW MEADOW TERR 217 SW COCONUT KEY WAY Address: Address: City-St-Zip: PORT ST LUCIE, FL 34984 US City-St-Zip: PORT ST LUCIE, FL 34986 US

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 NUNES, JEFFERSON R
 Name:
 NUNES, JEFFERSON R

Address: 1010 MADES DR Address: 217 SW COCONUT KEY WAY
City-St-Zip: FORT PIERCE, FL 34947 US City-St-Zip: PORT ST. LUCIE, FL 34986 US

() Delete Title: Title: (X) Change () Addition BITTENCOURT, JEFERSON L BITTENCOURT, JEFERSON L Name: Name: 2655 SW CADET CIRCLE 217 SW COCONUT KEY WAY Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: PORT ST. LUCIE, FL 34986 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: ALECIO SCHMIT PD 10/26/2009