2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000023856

1. Entity Name
THE TILE ARTISANS GROUP, CORP

FILED
07 SEP 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
09172007 - G REIN-P CR2E098 11/07

Principal Place of Business	Mailing Address
13916 SW 160TH TERRACE MIAMI, FL 33177 US	13916 SW 160TH TERRACE MIAMI, FL 33177 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13916 S.W. 160 St. Miami, FL 33177	13916 S.W. 160 St. Miami, FL 33177
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami FL.
Zip: 33177 Country: Miami Dade County	Zip: 33177 Country: Miami, dade county

4. FEI Number: 20-4332544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAVEZ, CLAUDIO 13916 SW 160TH TERRACE MIAMI, FL 33177	Name: Claudio Chavez. Street Address (P.O. Box Number is Not Acceptable): 13916 S.W. - 160 St. City: Miami FL Zip Code: 33177

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: _____ 09-17-07
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAVEZ, CLAUDIO 13916 SW 160TH TERRACE MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100109924511 09/24/07--01045--014 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAVEZ, JAIME 13901 SW 160TH TERRACE MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORENO, JOHNTON 13902 SW 160TH TERRACE MIAMI, FL 33177	☐ 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
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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #