## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000113737

335 NORTH STREET

DELEON SPRINGS, FL 32730

Address: City-St-Zip: FILED Jan 04, 2008 Secretary of State

Entity Name: GET IT DONE TILE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2999 TREVOR LANE GLENWOOD, FL 32720 **Current Mailing Address: New Mailing Address:** P.O BOX 229238 GLENWOOD, FL 32720 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALL FLORIDA FIRM NONLAWYER, INC ALL FLORIDA FIRM NONLAWYER, INC. 465 S. VOLUSIA AVE. 813 DELTONA BLVD SUITE C ORANGE CITY, FL 32763 US DELTONA, FL 32725 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: VICTOR M ERWIN 01/04/2008 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 () Change () Addition HAMZIK, SUSAN L Name: Name: 2999 TREVOR LANE Address: Address: City-St-Zip: GLENWOOD, FL 32720 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: HAMZIK, ROBERT Name: 2999 TREVOR LANE Address: Address: GLENWOOD, FL 32720 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition JOHNSON, DONALD A Name: JOHNSON, DONALD A Name:

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.

Address:

City-St-Zip:

1360 AZORA DR

DELTONA, FL 32725

SIGNATURE: SUSAN HAMZIK P 01/04/2008