


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000128616		
1. Entity Name CISNEROS TILES & MORE, INC.		

FILED

08 NOV -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1159 LAKE BLANCHE DRIVE ORLANDO, FL 32808	Mailing Address 1159 LAKE BLANCHE DRIVE ORLANDO, FL 32808
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2. Principal Place of Business - No P.O. Box # 449 Bertson Ct.	3. Mailing Address 449 Bertson Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Apopka, FL	City & State Apopka, FL
Zip 32703	Zip 32703
Country	Country



6. Name and Address of Current Registered Agent LYJETHAN SERVICES, INC. 1555 SEMORAN BLVD 1191 WINTER PARK, FL 32792	
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4. FEI Number APPLIED FOR 77-0666894	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <u>Jose C. Cisneros</u>	DATE: <u>11-01-08</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CISNEROS, JOSE C SR. 1159 LAKE BLANCHE DRIVE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cisneros, Jose C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 449 Bertson Ct. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300137666443 11/05/08--01020--013 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.	
SIGNATURE: <u>Jose C. Cisneros</u>	DATE: <u>11-01-08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

2.11/6