

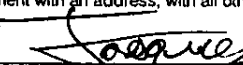


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000135787				FILED	
1. Entity Name NEW TECHNOLOGY TILE & MARMOL, INC				2008 FEB -4 PM 2:44	
Principal Place of Business 425 NE 22 ST MIAMI, FL 33137		Mailing Address 425 NE 22 ST, MIAMI, FL 33137		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business, No P.O. Box # 395 NE 21st St.		3. Mailing Address			
Suite, Apt. #, etc. # 403		Suite, Apt. #, etc. Same		02012008 REIN-P CR2E098 (1/07)	
City & State Miami FL		City & State		4. FEI Number	
Zip 33137		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VASQUEZ DIAZ, JAVIER 425 NE 22 ST MIAMI, FL 33137		7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D VASQUEZ DIAZ, JAVIER 425 NE 22 ST 395 NE 21st St MIAMI, FL 33137 Apt. 403			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			04/16/07 90072004 \$150		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2007		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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:  2/1/08 (736)6247877					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					