PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 18 AM 10:10

DOCUMENT # P07000119369

1. Corporation Name

AAA - QUALITY TILE, CORP.

500182328305
06/18/10--01033--003 **158.78

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9539 Broken Oak Blvd		9539 Broken Oak Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32257	Country: US	Zip: 32257	Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 26-1177790 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Frede Miranda

Street Address (P.O. Box Number is Not Acceptable): 9539 Broken Oak Blvd

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32257

500182328305
08/18/10--01029--007 **400.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X Frede Junior de miranda Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Frede Miranda	9539 Broken Oak Blvd	Jackosnville, FL 32257
VP	Jose G Souza	9539 Broken Oak Blvd	Jacksonville FL 32257
S	Sergio Montini	9539 Broken Oak Blvd	Jacksonville FL 32257
MGR	Rovilson A Demorais	1740 Poplar DR	Orange Park, FL 32073
	B. 8/19/10		

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Frede Junior de miranda