2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000009999 1. Entity Name 05 MAR -7 PM 2:41 TERRITINO TILE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13749 53RD COURT N. 13749 53RD COURT N. ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 03042005 REIN-P Applied For 4. EELNumber City & State City & State 65-0504728 Not Applicable Zio Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TARANTINO, CATHERINE T. (BO Box Number is Not Acceptable) Street Addre 13749 53RD COURT N. ROYAL PALM BEACH, FL 33411 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE 18 \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 nco Change TITI F TITLE ☐ Delete TARANTINO, CATHERINE T. NAME NAME 700048399017 STREET ADDRESS 13749 53RD CT N. STREET ADDRESS 03/15/05--01007--008 **300.00 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TARANTINO, TONY NAME STREET ADDRESS STREET ADDRESS 13749 53RD CT. N. CITY-ST-ZIP ROYAL PALM BEACH, FL CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-ZIP Change ☐ Addition Delete DTIE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TELLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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March 4, 2005

Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To whom it may concern,

I am requesting a waiver of the reinstatement fee due to the devastating effects of the 2004 hurricanes. Enclosed, please find my check in the amount of Three hundred dollars for my 2004/2005 annual reports.

Sincerely,

Tony Tarantino, President

Territino Tile Inc. P94000009999