PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 22 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008320 (0)

1. Corporation Name

OSCAR TILE INC

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
4694 NW 183rd. Street	4694 NW 183rd.Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33055-3054 Country: Miami-Dade	Zip: 33055-3054 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1995

5. FEI Number: 65-0595582 ☐ 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: EUGENIRTA ABREU

400003802724--5
-03/06/01--01073--026
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 5870 West 3 Lane

Suite, Apt. #, Etc.:

City: Hialeah | State: FL | Zip Code: 33012

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: Mirta Abreu — Date: 02-19-2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
DP	ABREU, EUGENIO H	5870 West 3 Lane	Hialeah, Fl. 33012
DTS	ABREU, MIRTA	5870 West 3 Lane	Hialeah, Fl. 33012
			400003802724--5 -03/06/01--01073--027 ****750.00 ****750.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Mirta Abreu — Mirta Abreu-Treasurer — 02-10-2001 — (305)835-2418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #