PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P97000009473 98 NOV 23 PM 3: 05 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA TILES ETCETERA, INC. Principal Place of Business Mailing Address 1200 WHITE STREET 1200 WHITE STREET KEY WEST FL 33040 KEY WEST FL 33040 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 01/29/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors D VELIZ, GREG 1200 WHITE STREET KEY WEST FL 33040 100002706361--8 -12/09/98--01001--007 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent **VELIZ, GREG** Street Address (P.O. Box Number is Not Acceptable) 1200 WHITE STREET Suite, Apt. #, Etc. KEY WEST FL 33040 City State | Zip Code FL of the above named corporation, arm amiliar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registe Signature of Registered A Date NT MUST SIGN 11. This corporation ø ves or has paid∕the current year (See other side for information on Intangible tax.) ntangible Personal Property tax due June 30. Yes

12. 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 filling this reinstatement application, the reason for dissipution 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:

GNATURE AND TORED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Daytime Phone #