PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FILED **FOR** Secretary of State REINSTATEMENT 00 DEC 11 PH 4:53 DIVISION OF CORPORATIONS P98000096277 DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name EUROTILES, INC. Mailing Address Principal Place of Business 7800 NW 34TH STREET 7800 NW 34TH STREET **UNIT 101** UNIT 101 MIAMI FL 33122 MIAMI FL 33122 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 11/16/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0875289 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zin Žip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) 7800 NW 34TH ST UNIT 101 **MIAMI FL 33145** Ρ HERRERA, FELIBERTO 700003506597----12/20/00--01017--005 ****750.00 ****750.00 REMSTATEMEN 78 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name HERRERA, FELIBERTO Street Address (P.O. Box Number is Not Acceptable) 7800 NW 34TH STREET Suite, Apt. #, Etc. **UNIT 101 MIAMI FL 33122** City State millar with and accept the obligations of Section 607:0505, F.S. _10,-1, being appointed the registered agent of the above named of 2000Signature of Registered Agent REGISTERED AGENT MUS

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 filling 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.

CICNATURE.

SIGNETIDER OF ERRERA

