PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
APPLICATION FLORID FAR MENT OF STATE FOR REINSTATEMENT OF STATE FLORID FAR MENT OF STATE FL						Tarry Carry			
DOCUMENT # P9900086026						01 OCT 15 AM 8:53			
ALL ABOUT TILE, INC.						SECRETARIX OF STATE TALEAHASSEE: FLORIDA			
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Principal PI	lace of Busine	ss	Mailing Addre	85S		-	18 (21)& 18) bai 80(1) 48) 86 0	esila aliti sales ciala alla ista	
1511 S 23 AVE 1511 S 23 AVE HOLLYWOOD FL 33020 HOLLYWOOD									
-If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				ing Office Address		Date Incorporated or Qualified To Do Business in Florida 09/27/1999			
Suite, Apt. #, etc. Suite, Apt.				, etc.		5. FEI Numbe	er	Applied For	
City & State City				& State			65-0959135	Not Applicable	
Zip	Country Zip		Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD.	ISAAC, SIMON			1511 S 23RD	AVE		HOLLYWOOD FL 33020		
TD	ISAAC, SHERYL			1511 S 23 AVE			HOLLYWOOD FL 33020		
SD	BRANTON, LORETTA			19013 NW 54TH CT			MIAMI FL 33055		
							,	LS	
						20	0004645	34844 BAE	
						\$170	****159.00 101 970010	****153.00 Ya ACYD(2/7)	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
BRANTON, LORETTA SIMON ISONO 190 NO 1			AL.	Name Street Address (Name Street Address (P.O. Box Number is Not Acceptable)				
MAMI	FL-83055	1511 5 Hollywi	$\lambda 3$	72 330	17	Suite, Apt. #, Etc. City State Zip Code			
10. I being appointed the registered ergest of the above named corporation on familiar with and accept the obligations of Section 507 0505 E.S.									

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN