PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 OCT 13 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/29/03--01012--011 **750.00

REINSTATEMENT 03

DOCUMENT # P99000090694

1. Corporation Name
Mike Design Marble & Tile, Inc

2. Principal Office Address
10453 SW 185 terr.
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33157 Country: USA

3. Mailing Office Address
10453 SW 185 terr
Suite, Apt. #, etc.
City & State: Miami, FL 33157
Zip: 33157 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-14-1999

5. FEI Number: 650954056 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: Manuel M. Lopez Jr.
Street Address (P.O. Box Number is Not Acceptable): 10453 SW 185 terr.
Suite, Apt. #, Etc.
City: Miami, FL 33157 State: FL Zip Code: 33157

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: [signature] Date: 10/08/2003
REGISTERED AGENT MUST SIGN

8. 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
PSD	Manuel Lopez	10899 SW 88st. Apt. 420 Miami, FL 33176	Miami, FL 33176

9. 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: [signature] (President) 10/08/2003 (305) 234-1605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #