2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT 11 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64703

1. Entity Name
TILEMASTERS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
5391 SE MARICAMP RD OCALA, FL 34480	5391 SE MARICAMP RD OCALA, FL 34480

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1108 SE 48th Ave	107 NE 1st Ave
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Ocala, Fl	City & State: Ocala Fl
Zip: 34471 Country: USA	Zip: 34470 Country: USA

4. FEI Number: 59-3142138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLT, WALTER E. 5391 SE MARICAMP RD OCALA, FL 34480	Name Street Address (P.O. Box Number is Not Acceptable): 1108 SE 48th Ave City: Ocala FL Zip Code: 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLT, WALTER E. 5391 SE MARICAMP RD OCALA, FL 34480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1108 SE 48th Ave Ocala, Fl 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLT, ANNA 5391 SE MARICAMP RD OCALA, FL 34480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1108 SE 48th Ave Ocala, Fl 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200110564692 10/11/07--01010--010 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$ 10/12	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Holt 10-9-07 (352)427-4895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #