

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000033580

**FILED**  
**Nov 14, 2008**  
**Secretary of State**

**Entity Name:** ANDERSON TILE SERVICES, INC.

**Current Principal Place of Business:**

5748 LAKE LUCINA DRIVE SOUTH  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

7925 OLD KINGS DR S  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

5748 LAKE LUCINA DRIVE SOUTH  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

7925 OLD KINGS DR S  
JACKSONVILLE, FL 32217 US

**FEI Number:** 20-4445907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOCKMEDIA CORPORATION  
9766 OLD SAINT AUGUSTINE RD  
2  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

TAX DIRECT  
1650 SAND LAKE RD  
110  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: JOSE JARDIM JUNIOR

11/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DA SILVA, ANDERSON G  
Address: 5748 LAKE LUCINA DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: S ( ) Delete  
Name: DA SILVA, ADEMIR  
Address: 5748 LAKE LUCINA DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 34747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DA SILVA, ANDERSON G  
Address: 7925 OLD KINGS DR S  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S (X) Change ( ) Addition  
Name: CHALI, RUFINO C  
Address: 7925 OLD KINGS DR S  
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDERSON DA SILVA

P

11/14/2008

Electronic Signature of Signing Officer or Director

Date