


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -6 AM 11:26

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (10/09)	
DOCUMENT # F04000006858 1. Corporation Name Kemna Tile Inc					
2. Principal Office Address- No P.O. Box # 2132 Cindy Lane Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/06/04	
City & State Dallas, Texas		City & State		5. FEI Number 75-2364723	
Zip Country 75229 Dallas		Zip Country		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 additional fee required for a Certificate of Status	
Name NRAI Services Inc				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc. Suite 4					
City Weston		State FL	Zip Code 33331		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or section 617.0503, F.S.					
Signature of Registered Agent: <i>Peter Souza</i> Peter F. Souza Date: 11/5/09 REGISTERED AGENT Assistant Secretary					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each officer and/or Director		City/State/Zip	
Pres	Barry J Kemna	1128 Old Lee Ct		Denton, Tx	
VP	Regina Kemna	1128 Old Lee Ct		Denton, Tx	
REINSTATEMENT <i>11/5/09</i>					
600162565666 11/06/09 01000 002 *** 75					
600162565666 11/06/09 01000 000 *** 0.00					
10. E-mail Address: peggy@kemnatile.com (To be used for future annual report notifications)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: <i>Barry J Kemna</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 11/5/09		Daytime Phone: 932-488-8222	