

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000020700		
1. Entity Name PHILMON FLOORING INC.		

Principal Place of Business 12426 ELNORA DRIVE RIVERVIEW, FL 33569 US	Mailing Address 12426 ELNORA DRIVE RIVERVIEW, FL 33569 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

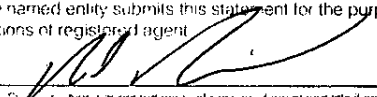
FILED
2008 NOV 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11122008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent PHILMON, MICHAEL W 12426 ELNORA DRIVE RIVERVIEW, FL 33569		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

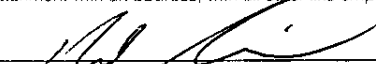
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PHILMON, MICHAEL W STREET ADDRESS 12426 ELNORA DRIVE CITY-STATE-ZIP RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	100138014921 11/17/08--01071--004 **150.00 ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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REINSTATEMENT
2008

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR