2008 FOR PROFIT CORPORATION REINSTATEMENT

, KEMSTATEMENT							FILED			
DOCUMENT # P06000096031						B 1 2 most one				
PREMIUM HARD SURFACES INC.						08 NOV 12 PM 1: 17				
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Principal Place of Business Mailing Address						ĪΔĬ	CIATASSEE LAHASSEE	FLORIDA		
7712 WEST Tampa, FL	POCAHONTAS 33615	S AVENUE	7712 WEST POCAHONTAS AVENUE TAMPA, FL 33615				LLA III (O O O O	,		
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2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11042008	REIN-P	CR2E098 (1/07)	-	
City & State			City & State			4. FEI Number 20-5248			plied For at Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate of	of Status Desired	S8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent			
SDIEGEI	& UTRERA				Name					
1840 SW 2	22ND ST.	N, P.M.		St		reet Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL										
					City			FL Zip Code	е	
8. The above named entity subtritis this statement for the purpose of changing its registered office or registered							, in the State of Flo	rida. I am familiar with,	and accept	
the obligations of registered real SPIECHT. STURERA, D.A.										
SIGNATURE BY: // // 7-02										
Signal Appropriate Commence (Appropriate appropriate appropriate Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice.										
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TITLE	DPS	OFFICERS AND		11.	-	ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTORS		
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STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS -ST-ZIP					
	r certify that the	information supplied wi	th this filing does not qualify fo			d in Chapter 119.	Florida Statutes. I I	further certify that the in	formation	
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 an address with all other like empowered.										
SIGNATURE: Grant State of September 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylor Phone I										