

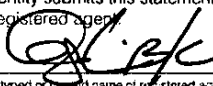
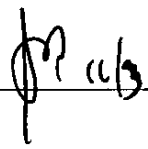
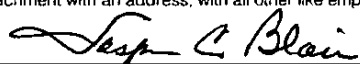


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G32363 1. Entity Name QUALITY FLOORING SUPPLIES, INC.						FILED 05 NOV -3 PM 2: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3630 ULMERTON ROAD CLEARWATER, FL 33762 US				Mailing Address 3630 ULMERTON ROAD CLEARWATER, FL 33762 US							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 21427 Suite, Apt. #, etc.		 10212005 REIN-P CR2E098 (6/04)							
City & State		City & State Louisville, KY						4. FEI Number 59-2300865		Applied For <input type="checkbox"/> Not Applicable	
Zip 40221-0427		Country USA						5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONNOR, THOMAS 3098 TERN WAY CLEARWATER, FL 33762				7. Name and Address of New Registered Agent Name Greg Lisk Street Address (P.O. Box Number is Not Acceptable) 3630 ULMERTON ROAD City Clearwater FL Zip Code 33762							
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 				Greg Lisk		10.31.05					
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE D <input type="checkbox"/> Delete NAME MANIS, HOWARD R. STREET ADDRESS 6081 BAHIA DEL MAR CIRCLE #151 CITY-ST-ZIP ST. PETERSBURG, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300081136009 STREET ADDRESS 11703705 01038 002 **158.75 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE DST <input type="checkbox"/> Delete NAME BLAIR, JASPER STREET ADDRESS PO BOX 21427 CITY-ST-ZIP LOUISVILLE, KY 402210427				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME  STREET ADDRESS CITY-ST-ZIP							
TITLE V <input checked="" type="checkbox"/> Delete NAME CONNOR, THOMAS STREET ADDRESS 3098 TERN WAY CITY-ST-ZIP CLEARWATER, FL 33762				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				JASPER C. BLAIR CORPORATE SECRETARY		10-21-05 502-964-0854					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #					