PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS IFORM. AND FILED

CORPORATION	
REINSTATEMEN'	T
OCUMENT # Corporation Name	P



FLORIDA DEPARTMENT OF STATE

-	
	Secretary of State
	DIVISION OF CORPORATIONS

05 JUN -3 AM 11: 11.

	Contract of the second				•			
DOCUMENT # P00000/170/6 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
F	loops Discount	IK:						
<u></u>								
2. Principal Office Address 10 SW 6 3 PER		1 4	3. Mailing Office Address 10 S W 6 3 TERR		REINSTATEMENT 02-02			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			rporated or Qualified	A STATE OF THE PARTY OF THE PAR		
City & State Pendonke Pines FL.		City & State	City & State Pembooke Pines FL		To Do Business in Florida 5. FEI Number 65-/078/8/ Not Applied For Not Applicable			
33073	Country BRANN	33073	Country Blowfled	6.	S8.75	Additional Fee required a Certificate of Status		
		7. Name	and Address of Current R	Registered Agent	The second secon			
Name	NECTALL A	RIAGA						
Street	Address (P.O. Box Number is		-	<u>.</u>				
Suite,	Apt. #, Etc.							
City	Pembroke Pi	NES			State Zip Code 330 -3			
8. I, being appointe	d the registered agent of the a	bove named corporatio	n, am familiar with and acce	pt the obligations of sec	tion 607.0505 or 617.0503, F.S.			
Signature of Registered Agent	- The said	REGISTERED AGENT	MUST SIGN	····	Date <i>Q5</i> /3//0	<u>. </u>		
9. Names and Stre	et Addresses of Each Officer a	and/or Director (Florida	nonprofit corporations must	list at least 3 directors)		and the second s		
Titles	Name of Officers and/or Director	rs	Street Address Officer and/or		City / State	/ Zip		
PVD NE	FTALI ARRIAG	A K	SW 63 FeRR		Perproke Pine	PL 33073		
	er					-		
<u> </u>				00 06703	0 <mark>0055714</mark> 01 20501037001 *	1 O @#458 75		
				201 22	3.00, 002			
10. I certify that I an	n an officer or director or the re	ceiver or trustee empow	vered to execute this applica	tion as provided for in o	 napter 607 or 617, F.S. I further ce	ertify that when filing		
this reinstateme owed by the cor	nt application, the reason for di poration have been paid and th	ssolution has been elim ne names of individuals	inated, the corporate name listed on this form do not qua	satisfies the requiremen alify for an exemption ur	ts of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. The	1. F.S., that all fees		
on tris applicat⊬	on is true and accurate, and my	r signature shall have th	ie same legal effect as if mai	ae under oath.	1.1-			

05/31/05

To Whom it my Concern:

I Neftali ARTEAGA President of Floors Discount Inc.

has move sines the year Joo3 from 870 N.W. 210th St HIDT

MiAM F1. 33169 and there for was not able to send in

the Annual Report and have move to new Address.

10 S.W. 63 Terr Pembroke Pine. F2. 33023

(986) 285-2218

Milling