PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION 04 JUN 29 AM 8: 11 Secretary of State DIVISION OF CORPORATIONS SECHETARY OF STATE TALLAHASSEE FLORIDA PORT Rushing Enterprises Hardwood Floors, Inc. 2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable Country 7. Name and Address of Current Registered Agen Name -Street Address (P.O. Box Number is Not Accentable) Suite, App#, Etc. State 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent GISTERED AGENT CUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations Must list at least 3 directors) Name of Titles City / State / Zip Officers and/or Directors **150.UP 900038480839 06/30/04 - -01048 - -001 **150.0010. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

ND TYPED OR PRINTED NAME OF SICOMINE OF NICER OR DIRECTOR