


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000037823 1. Entity Name AMERICAN ACCESS FLOORS INC.				FILED 06 APR -4 PM 12:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8420 EPICENTER BLVD #8 LAKELAND, FL 33809		Mailing Address 8420 EPICENTER BLVD #8 LAKELAND, FL 33809			
2. Principal Place of Business 295 Haleview Court Suite, Apt. #, etc.		3. Mailing Address 295 Haleview Court Suite, Apt. #, etc.			
City & State York, PA Zip 17403		City & State York, PA Zip 17403		4. FEI Number 59-3707153 Applied For <input type="checkbox"/> Not Applicable	
Country _____		Country _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUBLETT, ROBERT W 8420 EPICENTER BLVD #8 LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Better Business Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1515 E. Memorial Blvd City Lakeland FL Zip Code 33801		
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 <u>Cecil Velazquez</u> Branch manager of BBS DATE <u>3/8/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SUBLETT, ROBERT W 5260 LAKE LUTHER ROAD LAKELAND, FL 33805	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 295 Haleview Court York, PA 17403		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000070799570 04/18/06--01036--014 **308.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Robert W. Sublett</u> 3/12/06 407 4685682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					