2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000070485

KRUEGER, KAREN

14924 CHELSEA CIRCLE

MOUNT AIRY, MD 21771

Name:

Address:

City-St-Zip:

Entity Name: THE LAMINATE STORE INTERNATIONAL, INC.

FILED Sep 22, 2005 Secretary of State

Littly Name. THE LAWINATE STORE INTERNATIONAL, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4010 SW 3 FT LAUDE	OTH AVE RDALE, FL 33	3312			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
PO BOX 638 MOUNT AIRY, MD 21771			PO BOX 1140 MOUNT AIRY, MD 21771		
FEI Number:	65-1123089	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	, MICHAEL BELLO BLVD. EACH, FL 33:	572 US			
The above in the State		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: MICHAEL	. ELDERKIN			
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDT () JOHNSON, JR., 8835 ST RD 84 DAVIE, FL 333		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VDS () ELDERKIN, MIR 6312 MARBELL APOLLO BEAC	O BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () KRUEGER, KAI 14924 CHELSE MOUNT AIRY, M	A CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN KRUEGER T 09/22/2005