


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000073026		
1. Entity Name AFFORDABLE FLOOR SERVICES INC.		

Principal Place of Business 12705 82ND LANE N. ROYAL PALM BEACH, FL 33411	Mailing Address 209 SARATOGA BLVD EAST ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business 12705 82nd Lane N	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Bch FL	City & State
Zip 33412	Country USA

FILED
05 SEP 22 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARROLL, TIM 209 SARATOGA BLVD EAST ROYAL PALM BEACH, FL 33411		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Tim Carroll 12705 82nd Lane North West Palm Bch., FL 33412			

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: Tim Carroll
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA CORROLL, TIM 12705 82ND LANE NORTH WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700059871477 09/22/05--01042--006 ***300.00
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
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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 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: Tim Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P01000073026 R
AFFORDABLE FLOOR SERVICES INC.
12705 82ND LANE NORTH
WEST PALM BEACH FL 33412

NOVOR Received spoke with
your office by phone. was
told cost would be 300.00
dollars due for ~~five~~ NOVOR
received 2nd notice due to
address problem