## 2006 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTATEMENT						was En					
DOCUMENT # P01000090142												
1. Entity Name TWIN'S FLOOR INSTALLATION, INC.						OS DEC 15 PH 3: 40 TALLAHASSEE FLORIDA						
Principal Place of Business			ailing Address		1	Luly Jacoff F. F			ΑĊ			
500 SW 66 AVE			00 SW 66 AVE		TALLAMASSEE							
MIAMI, FL 33144		R.	MIAMI, FL 33144			. (************************************	*****					
Principal Place of Business			3. Mailing Address									
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Suite, Apt #, etc.			Suite, Apt #, etc			12112006	REIN-P	CR2EC	98 (11/0	)5)		
City & State			City & State			4. FEI Numbe 65-113				Applied For		
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired   \$8.75 Addit Fee Required						
6. Name and Address of Current F			tered Agent	1		7. Name and Address of New Registered Agent						
GONZALEZ, OSMIR JUAN					Name							
500 SW 66 AVE					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33144									$\neg$		
					City	FL <sup>2</sup>			Zip (	Code		
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												
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10.		RS AND DIRE		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		····		
TIFLE NAME	PD Delete III GONZALEZ, OSMIR JUAN				- I	Change — Addition — 200082553722 12/15/06-01004-002 **150.00						
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Crity-\$T-2IP	ertify that the information sup	plied with this f	iling does not qualify fo	r the eve	ST ZIP emptions contained	i in Chapter 119	, Florida Statutes 1	further cert	tify that the	ne information		
12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and other like empowered.												
changed, or on an attachment with an address status of other like empowered												