

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 13 PM 12:38

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD 2000060007

1. Corporation Name
Commercial Flooring Concepts

REINSTATEMENT 03-04

2. Principal Office Address 955 TAFT-VINELAND RD SUITE - E ORLANDO, FL 32824 USA		3. Mailing Office Address same ORLANDO, FL 32824 USA	
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4. Date Incorporated or Qualified To Do Business in Florida	5. FBI Number 83-0549111	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICHARD EMANUEL
Street Address (P.O. Box Number is Not Acceptable): 955 TAFT-VINELAND RD
Suite, Apt. #, Etc.: SUITE - E
City: ORLANDO
State: FL
Zip Code: 32824

200026891132
01/13/04 - 01/03/03 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.
Signature of Registered Agent: [Signature]
Date: 1/6/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RICHARD EMANUEL	955 TAFT-Vineland Rd	ORLANDO, FL

10. 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)(c), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/6/04
Exhibit File #

ORIGIN (10/03)