


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000094454	
1. Entity Name ART & DESIGN FLOORING, INC.	

Principal Place of Business 5321 NAUTILUS DR CAPE CORAL, FL 33904	Mailing Address 5321 NAUTILUS DR CAPE CORAL, FL 33904
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2. Principal Place of Business 2013 Kismet Parkway Suite, Apt. #, etc.	3. Mailing Address 2013 Kismet Parkway Suite, Apt. #, etc.
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City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33909-4727	Zip 33909-4727
Country	Country

FILED
05 OCT 10 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08112005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0000802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLESSMANN, MICHAEL 5321 NAUTILUS DR CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2013 Kismet Parkway City Cape Coral FL Zip Code 33909
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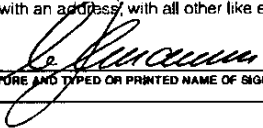
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLESSMAN, MICHAEL 5321 NAUTILUS DR CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2013 Kismet Parkway Cape Coral, FL 33909-4727
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 400060579844 10/13/05--01048--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
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 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:  Michael Klessman 10/5/05 239-699-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #