



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000106634 1. Entity Name S & D SANTAELLA FLOOR COVERING, INC.						06 OCT 12 09:58	
Principal Place of Business 2122 SE 13TH TER CAPE CORAL, FL 33990				Mailing Address 2122 SE 13TH TER CAPE CORAL, FL 33990			
2. Principal Place of Business 417 SE 29th St.		3. Mailing Address 417 SE 29th St		 REINSTATEMENT 06			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State Cape Coral FL		City & State Cape Coral FL					
Zip 33904		Country 		Zip 33904		Country 	
6. Name and Address of Current Registered Agent SANTAELLA, DORIS M 3431 SE 2ND PLACE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME SANTAELLA, DORIS M STREET ADDRESS 2122 SE 13TH TER CITY-ST-ZIP CAPE CORAL, FL 33990				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 417 SE 29th St STREET ADDRESS CAPE-CORAL FL. 33904 CITY-ST-ZIP			
TITLE V <input type="checkbox"/> Delete NAME SANTAELLA, SAMUEL D STREET ADDRESS 2122 SE 13TH TER CITY-ST-ZIP CAPE CORAL, FL 33990				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 417 SE 29th St STREET ADDRESS CAPE-CORAL FL. 33904 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100080775451 STREET ADDRESS 10/12/06--01043--022 **500.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100080775451 STREET ADDRESS 10/12/06--01043--022 **250.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 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: Doris Santaella <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						10-4-06(239)895.4956 <small>Date Daytime Phone #</small>	

@ Mitchell OCT 12 2006