2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000042489

Entity Name: RZ FLOOR COVERING, INC.

FILED Jul 25, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1615 CARNEGIE CIRCLE 7609 WEST FOUR PINES RD. TAMPA, FL 33619 PLANT CITY, FL 33565

Current Mailing Address: New Mailing Address:

1615 CARNEGIE CIRCLE 7609 WEST FOUR PINES RD. PLANT CITY, FL 33565 TAMPA, FL 33619

FEI Number: 03-0513562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HAROS, YOLANDA HAROS, YOLANDA 7609 WEST FOUR PINES RD 1615 CÁRNEGIE CIRCLE TAMPA, FL 33619 PLANT CITY, FL 33565

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.

SIGNATURE: YOLANDA HAROS 07/25/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: (X) Change () Addition

HAROS, YOLANDA HAROS, YOLANDA Name: Name: 1615 CARNEGIE CIRCLE Address: 7609 WEST FOUR PINES RD. Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: PLANT CITY, FL 33565

Title: () Delete Title: VΡ (X) Change () Addition

Name: ZUNIGA, RAUL Name: ZUNIGA, RAUL

1615 CARNEGIE CIRCLE Address: 7609 WEST FOUR PINES RD. Address: TAMPA, FL 33619 PLANT CITY, FL 33565 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA HAROS D 07/25/2005