PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATION | | | S | DEPART Secretary ISION OF CO | y of Si | | | FILE 08 FEB 18 Ph | | 7 | |
|--|---|---|--|--|--|---|--|--|--|-------------------------------|----------------------|--|
| DOCUMENT # P03000058106 1. Corporation Name FORTUNA FLOORINGS INC | | | | | | | | | SECRETARI OF STATE TALLAHASSEE, FLORIDA | | | |
| 2- Principa | al Office Addres | -ee - No l | P.O. Box # | 3. Mailing O | - | | | | | | | |
| 8596 Br | | 10, 00, ,, | 8596 Bree | | | | CR2E081 (12/07) | | | | | |
| Suite, Apt. # | | | | Suite, Apt. #, | | | | | | | | |
| 015 0 05-1- | | | | O't 9 Cana | | | | 4. Date Incorporated or Qualified To Do Business in Florida 5/27/2003 | | | | |
| City & State Boynton | e n Beach, Fl | | City & State Boynton E | oynton Beach, FL | | | 5. FEI Number 77-060020 | • | F | Applied For Not Applicable | | |
| Zip | Country | | , | Zip | | Country | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required | | | | |
| 33437 | _ | | | 33437 | | | | CENTIFICATE | OF STATUS DESIRED | for a Ce | ertificate of Status | |
| Name | | 7. Nan | ne and Address | of Current Regis | tered Agen | ıt | | - | | _ | | |
| Andrew | R. Medvir | | | | | | | | instatement fee is stances which the e | | • | |
| Street Address (P.O. Box Number is Not Acceptable) 6330 SW 41 Court | | | | | | | | the prior notices. By checking this box, you are certifying the prior notices were not | | | | |
| Suite, Apt. #, Etc. | | | | | | | | receive | received and requesting the reinstatement fee be waived. | | | |
| ^{City} Davie | | | | State Zip Code FL 33314 | | | .55 55 | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | | | bligations of section 607.0505 or 617.0503, F.S. Date | | | | |
| 9. Names | s and Street Ar | ddresses | of Each Officer a | nd/or Director (Fir | orida nonpro | ofit corpo | orations must list at le | east 3 directors) | | | | |
| Titles | <u></u> | Office | Name of ers and/or Director | rs | Street Address of Eacl Officer and/or Directo | | | | City / State / Zip | | | |
| Р | Tairon Pinto | | | | 8596 Breezy Oak Way | | | | Boynton Beach, FL 33437 | | | |
| VP | Jenny Ma | | | | 8596 Breezy Oak Way | | | | Boynton Beach, FL 33437 | | | |
| | | | | | | | | ,_,_, | The state of the s | | <u>.</u> | |
| | PEI | INIS | STATI | EMEI | IT. | 800118263468 02/18/0801045006 **300.00 | | | | | | |
| | 1/1/1 | |) 1471 1 | TA1177 | A T | | | | | | | |
| | | | RH | | 1- | is | | | | | | |
| this rei owed b | instatement ap by the corporat s application is | pplication, ation have s true and | t, the reason for die been paid and the accurate, and my | issolution has beer ne names of individ y signature shall ha | en eliminated duals listed d ave the sam | I, the cor on this fo ne legal o | orporate name satisfier form do not qualify for effect as if made unde | s the requirements an exemption con | apter 607 or 617, F.S. I funds of section 607.0401 or 61 stained in Chapter 119, F.S. | 17.0401, É. S. The info | .S., that all fees | |
| | | IGNATUR | E AND TYPED ORT | PRINTED NAME OF | SIGNING OF | FICER C | OR DIRECTOR | | Date | Daytime Ph | none # | |