## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000060775					}	FILED	)			
1. Entity Name MICHAEL PAUL HALUNEN FLOORING, INC.					04	NOV -9 AM	9: 43			
				O WE IS	SEC	CRETARY OF	STATE	å		
Principal Place of Business Mailing Address					TAL	LAHASSEE, I	FILORIDA	l .		
15635 RUSTON CIR   15635 RUSTON CIR   PORT CHARLOTTE, FL 33981   PORT CHARLOTTE, FL 33981   PORT CHARLOTTE, FL 33981			33981		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
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Principal Place of Business     3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		10202004	REIN-P	CR2E	098 (6/04)		
City & State		City & State								
City & State		City & State			4. FEI Numi	°235869	93	<u></u>	plied For t Applicable	
Zip	Country	Zip	Country				S8.75 Additional			
			<u>L</u>		<u> </u>			Fee Required	1	
8. Name and Address of Current Registered Agent			Na	7. Name and Address of New Registered Agent						
HALUNEN, MICHAEL P										
15635 RUSTON CIR PORT CHARLOTTE, FL 33981				Street Address (P.O. Box Number is Not Acceptable)						
PORTUM	ARLUTTE, FL 33981						<del></del>	<del>,</del>		
			City					Zip Code	,	
							FL	• ]		
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered offi	e or registe	red agent, or b	oth, in the State of F	iorida. I am	familiar with, :	and accept	
	anully a						10	1/1/0	4	
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ager	algnetura requ	Ired when reinstating	9)	DATE	1000		
	E NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900	00			•					
 			11.	F.g.+						
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NAME	D Delete TITLE HALUNEN, MICHAEL P NAME			U A	DIRECTOR / PRESIDENT DECHARD Addition					
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CITY-ST-ZIP	<u></u>		CITY-ST-ZIP			:			]	
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	r the exemption	stated in S	ection 119.07(3	)(i), Florida Statutes.	I further cer	tify that the in	formation or director	
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 cath; 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.										
And a little and a										
SIGNAT	Consta 111	powered to execute this report , with all other like empowered	as required by	Chapter 60	7, Horida Statul	ies; and that my han	ne appears i	Block 10 or	BIOCK I I II	