2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# P03000102638

Entity Name: MARCAL FLOORING CO. INC.

Current Principal Place of Business:

6621 LONG BAY LN
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6621 LONG BAY LN
TAMPA, FL 33615

New Mailing Address:

FEI Number: 51-0482532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DA SILVA, FLAVIO M
6621 LONG BAY LN
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: FLAVIO M DA SILVA
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: PTSD ( ) Delete
Name: DA SILVA, FLAVIO M
Address: 6621 LONG BAY LN
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete
Name: PEREZ MORENO, FELIPE
Address: 5305 REFLECTION CLB DR APT 303
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete
Name: MIRANDA, JORGE
Address: 6161 MEMORIAL HWY APT 106
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FLAVIO M DA SILVA PTSD 10/27/2008
Electronic Signature of Signing Officer or Director Date