

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000115885

FILED
Nov 09, 2004
Secretary of State

Entity Name: ACR FLOORING SERVICES INC.

Current Principal Place of Business:

4675 W. 18 CT. #610
HIALEAH, FL 33012

New Principal Place of Business:

4675 W. 18 CT.
STE 610
HIALEAH, FL 33012 US

Current Mailing Address:

4675 W. 18 CT. #610
HIALEAH, FL 33012

New Mailing Address:

4675 W. 18 CT.
STE # 610
HIALEAH, FL 33012 US

FEI Number: 35-4541493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZA, ADALBERTO
4675 W. 18 CT. #610
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CABEZA, ADALBERTO
4675 W. 18 CT.
STE # 610
HIALEAH, FL 33012 US

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: ADALBERTO CABEZA

11/09/2004

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: PD () Delete
Name: CABEZA, ADALBERTO
Address: 4675 W. 18 CT. #610
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: MIRANDA, ALDRIN
Address: 2021 SW 37 AVE.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABEZA, ADALBERTO
Address: 4675 W. 18 CT. #610
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change () Addition
Name: MIRANDA, ALDRIN
Address: 2021 SW 37 AVE.
City-St-Zip: MIAMI, FL 33145

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: ADALBERTO CABEZA

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11/09/2004

Electronic Signature of Signing Officer or Director

Date