


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 25 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000124626</b> 1. Entity Name C.B. CUSTOMS FLOORING, INC.					
Principal Place of Business 4028 CROCKERS LAKE BLVD APT 718 SARASOTA, FL 34238			Mailing Address 4028 CROCKERS LAKE BLVD APT 718 SARASOTA, FL 34238		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>38-3692137</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BUSTAMANTE, CESAR 4028 CROCKERS LAKE BLVD APT 718 SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD BUSTAMANTE, CESAR 4028 CROCKERS LAKE BLVD., #718 SARASOTA, FL 34238				TITLE NAME STREET ADDRESS CITY-ST-ZIP 900055854938 06/07/05--01049--002 **\$900.00	
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

REINSTATEMENT 04-05