# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 AM 11:34

DOCUMENT # P03000135085

1. Entity Name
BERACA FLOORING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7203 FIVE POINSTS CIRCLE<br>#104<br>TAMPA, FL 33634 | 7203 FIVE POINSTS CIRCLE<br>#104<br>TAMPA, FL 33634 |

12062005 REIN-P CR2E098 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 113 SEA GRASS WAY<br>Suite, Apt. #, etc. | 113 SEA GRASS WAY<br>Suite, Apt. #, etc. |
| City & State: PANAMA CITY BEACH - FL | City & State: PANAMA CITY BEACH - FL |
| Zip: 32407 Country: BAY | Zip: 32407 Country: BAY |

4. FEI Number 20-0405329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DINIZ, MARCOS N
7203 FIVE POINTS CIRCLE
#104
TAMPA, FL 33634

**7. Name and Address of New Registered Agent**

Name: DINIZ, MARCOS N
Street Address (P.O. Box Number is Not Acceptable): 113 SEA GRASS WAY
City: PANAMA CITY BEACH FL Zip Code: 32407

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.

SIGNATURE: [signature] 12-06-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2006, Fee will be $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DINIZ, MARCOS N<br>7203 FIVE POINTS CIRCLE #104<br>TAMPA, FL 33634 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.<br>DINIZ, MARCOS N<br>113 SEA GRASS WAY<br>PANAMA CITY BEACH, FL 32407 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 110006159FEB1<br>12/07/05--01040--022 **158.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** [signature] 12-06-2005 (813) 478-0618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/8