

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 7203 FIVE POINTS CIRCLE #104 TAMPA, FL 33634	Mailing Address 7203 FIVE POINTS CIRCLE #104 TAMPA, FL 33634
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2. Principal Place of Business 113 SEA GRASS WAY Suite, Apt. #, etc.	3. Mailing Address 113 SEA GRASS WAY Suite, Apt. #, etc.
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City & State PANAMA CITY BEACH - FL	City & State PANAMA CITY BEACH - FL
Zip 32407	Zip 32407
Country BAY	Country BAY



12062005 REIN-P CR2E098 (6/04)

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
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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
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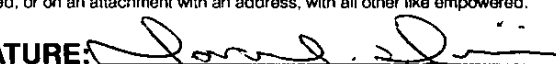
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  12-06-2005
Signature, typed or printed name of registered agent and fee, 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINIZ, MARCOS N 7203 FIVE POINTS CIRCLE #104 TAMPA, FL 33634 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DINIZ, MARCOS N 113 SEA GRASS WAY 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	100061992631 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:  12-06-2005 / (813) 478-0618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #