2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000140628

1. Entity Name
MORSE FLOORING, INC.

Principal Place of Business	Mailing Address
11043-10 CRYSTAL SPRINGS RD. JACKSONVILLE, FL 32221	11043-10 CRYSTAL SPRING RD. JACKSONVILLE, FL 32221

FILED

08 DEC 30 AM II: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12092008   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box # *6132 Golden Oak Ln.* Suite, Apt. #, etc.	3. Mailing Address *6132 Golden Oak Ln.* Suite, Apt. #, etc.	
City & State *Keystone Heights, FL*	City & State *Keystone Heights FL*	4. FEI Number 20-0499996
Zip *32656*	Country *Clay*	Zip *32656*	Country *Clay*

4. FEI Number: 20-0499996 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORSE, JAMES P 6106 HARVARD AVE KEYSTONE HEIGHTS, FL 32656	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE *12-9-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, 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 P NAME MORSE, JAMES P STREET ADDRESS 6106 HARVARD AVE CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME MARKHAM, BRADLEY STREET ADDRESS 591 MEADOW BROOK FARMS RD CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700139335057 12/30/08--01008--017☐ 015☐	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	**REINSTATEMENT**	☐ 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 exemptions contained 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 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: _____ *12-9-08* *904-403-8783*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #