

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141236

1. Entity Name  
TOWNSEND'S HARDWOOD FLOORS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 29 AM 8:35

Principal Place of Business 121 TREMONT DRIVE WINTER HAVEN, FL 33884		Mailing Address 121 TREMONT DRIVE WINTER HAVEN, FL 33884	
2. Principal Place of Business - No P.O. Box # 5107 BIRD LANE Suite, Apt. #, etc.		3. Mailing Address 5107 BIRD LANE Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33884	Country	Zip 33884	Country
6. Name and Address of Current Registered Agent  TOWNSEND, JASON E 121 TREMONT DRIVE WINTER HAVEN, FL 33884			
7. Name and Address of New Registered Agent  Name TOWNSEND, JASON E Street Address (P.O. Box Number is Not Acceptable) 5107 BIRD LANE WINTER HAVEN, FL 33884 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.

5-21-08

SIGNATURE *Jason Townsend*  
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 TOWNSEND, JASON E 121 TREMONT DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, JASON E 5107 BIRD LANE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNSEND, MICHAEL P 609 ALBERTA AVE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNSEND, MICHAEL P 5107 BIRD LANE WINTER HAVEN, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000130909800 06/05/08-01037--002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jason Townsend* JASON TOWNSEND 5-21-08 (863-224-5172)  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # 6/2 ad