


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUN 23 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000154217		
1. Entity Name FINE QUALITY FLOORING, INC.		

Principal Place of Business 5800 GASPARILLA BLVD BLDG G BOCA GRANDE, FL 33921	Mailing Address 5800 GASPARILLA BLVD BLDG G BOCA GRANDE, FL 33921
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2. Principal Place of Business 5800 GASPARILLA ROAD Suite, Apt. #, etc. BLDG G	3. Mailing Address 5800 GASPARILLA ROAD Suite, Apt. #, etc. BLDG G
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City & State BOCA GRANDE, FLORIDA	City & State BOCA GRANDE, FLORIDA
Zip 33921	Country UNITED STATES

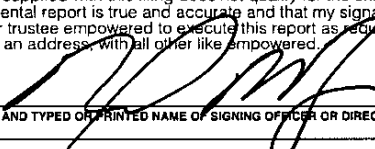
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ 4427 SE 16TH PLACE #2 CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent Name DAVID BENNER Street Address (P.O. Box Number is Not Acceptable) 5800 GASPARILLA ROAD BLDG G City BOCA GRANDE FL Zip Code 33921	
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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 	DATE 6/18/05

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	D BENNER, DAVID 1160 9TH AVE N NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNER, DAVID 5800 GASPARILLA ROAD, BLDG G BOCA GRANDE, FL 33921 <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	<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	100056446291 06/22/05--01064--003 **300.00 <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 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: 	DATE 6/18/05 Daytime Phone #